

Phoenix Medical Group, PC

13660 North 94th Drive, Suite F-3

Peoria, Arizona 85381

Telephone: 623-815-7800

Complaint Form

Please complete the form below and return it to the Compliance Officer for Phoenix Medical Group, PC. You can be assured that we will in no way seek retribution upon you for informing us of a complaint that you have. We welcome feedback to assist us in improving the way we serve our valued patients.

Patient Information (printed):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Complaint: (please provide as many specific details as possible including, date, individual names if known, and other specific items of concern relating to your complaint). Continue on reverse side if necessary.

Patient's Signature: _____ Date: _____

Complaint Received By: _____

Compliance Officer Signature of receipt: _____ Date: _____

Compliance officer will review the complaint and provide a response to you within the allotted time allowable under the new HIPAA Privacy guidelines. In addition, if you request additional information on how to submit your complaint to HHS, Health and Human Services, the Compliance Officer will be happy to provide the information to you upon request. Thank you for your feedback.