

PATIENT COMMENT OR COMPLAINT



www.raleighneurology.com

We appreciate any comments you might have about our practice. Whether you have a compliment or a formal complaint about our services or your privacy, we'd like to hear from you. Please complete this form and mark whether you'd like for us to contact you regarding your comment.

Print and mail this form to Stephen M. Smith at the address above.

Date _____

Patient Name _____ Date of Birth _____

Name (if different than patient) _____ Relationship to patient _____

Contact email _____ Phone _____

Description of compliment or complaint:

Suggestion for improvement in service and/ or what you feel we should do:

Would you like to be contacted by RNA to discuss this?

Yes No

If so, how would you like to be contacted?

Phone email

We appreciate your comments. Each comment is an opportunity for us to serve you better.

RNA ONLY

Received by _____ Date Received _____

Action _____
