



1010 Main Street, Suite 300
Buffalo, NY 14202
Tel: (716) 896-2470 Fax: (716) 218-4010

Patient Grievance/Complaint Report

Please fill out the criteria below with a clear description of what happened. Mail to the address listed at the top of this form or fax to the above listed fax number, **Attn: Kimberly Heimback, Compliance Officer**

Name of Person making complaint: _____

Address: _____

Phone: _____ **Contact Person Name:** _____

Date of report: _____ **Date of Occurrence:** _____ **Time of Occurrence:** _____

Relationship to patient of person filing complaint: _____

Witness(es) name(s) to encounter/incident and phone number(s): _____

Facts of the encounter/incident: _____
