

Patient Complaint Form



100 Myles Standish Boulevard
Taunton, MA 01780

Print all information legibly or complete electronically – without abbreviations. Forward completed form via fax to **508-730-6554** or email at compliance@navixdiagnostix.com.

All complaints are taken seriously and are considered CONFIDENTIAL. Expect contact about the complaint within one (1) week of submission, if not sooner. Patient satisfaction is our priority.

Patient Name: _____ **Date Completed:** _____

Patient Phone: _____ **Email Address:** _____

Mailing Address: _____

If a Medicare Patient, please include Medicare ID #: _____

Location of Incident: _____

Date of Incident: _____ **Time of Incident:** _____

Person(s) involved: Employee ☐ Patient ☐ Visitor ☐

Others, including witnesses ☐ _____

Description of the complaint – please provide a detailed description of the complaint, including specific concerns and relevant details:

Resolution Desired – what would you like to see happen to resolve this issue?

Additional Information

Have you spoken to anyone about this issue No ☐ Yes ☐ Who? _____

Would you like someone to contact you regarding your complaint? No ☐ Yes ☐

Patient Signature: _____ **Date:** _____

Internal Use:

Received by: _____ Received date: _____

Action Taken if Any and by Whom: _____

Copy to IDTF Main Office: No ☐ Yes ☐