

Cornwall Campus
19 Laurel Avenue
Cornwall, NY 12518
(845) 534-7711

Newburgh Campus
70 Dubois Street
Newburgh, NY 12550
(845) 561-4400

PATIENT/VISITOR COMPLAINT FORM

____/____/____
DATE

_____am/pm
TIME

Print Name of Patient or Visitor with Complaint

Patient's/Visitor Address

(____)____-____
Telephone Number

Please describe the complaint and include any pertinent information (names, titles, department, etc.):

(Please attach additional pages as needed.)

Patient's/Visitor Signature: X_____ Date: ____/____/____

If this form was written on behalf of the patient/visitor, please sign below

Signature: X_____ Date: ____/____/____

Relationship to patient_____

All complaints will be given serious attention. Patients should not fear reprisal because of their complaints.

The completed form will be forwarded to Patient Relations for investigation and follow up. As part of the investigation, copies will be sent to the management of the departments involved in the complaint. Patient Relations will directly address your concerns with you upon completion of the investigation. Patient Relations can be reached at 568-2300. Patient Relations for Emergency Department complaints can be reached at 568-2072.

NOT A PERMANENT PART OF MEDICAL RECORD