830 King Avenue
Athens, Georgia 30606
1550 Timothy Road Suite 104
Athens, Georgia 30606
(706) 425-2400 Phone
(706) 425-2410 Fax

1550 Timothy Road Suite 103
Athens, Georgia 30606
(706) 850-5667
(706) 850-6249 Fax

PATIENT GRIEVANCE FORM

Name (First, Last) ____ Date of Birth ________________________________

Address ____

Phone number ___________________________ Email ____

1. Please describe your concern in detail. (Use additional sheets if necessary.)

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2. How have you tried to resolve the concern? (Use additional sheets if necessary.)

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3. What can we do to resolve the concern? (Use additional sheets if necessary.)

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Signed by:____
Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative: ____ Date: ______________
[If Signed by a Personal Representative, please state such person's authority to act for the Individual]

Received by: ____ Date: _______________________

Revised 8/13/2020