



PATIENT CONCERN / COMPLAINT FORM

While Comprehensive Psychiatry Group strives hard to maintain positive relationships with all persons who receive services from us, we realize that from time to time a patient may have a concern or complaint about one of our procedures or one of their experiences while in treatment at our office.

Your feedback is important to us and we invite you to make note of your concern / complaint so that we can do everything within our power to provide quality services to our patients.

Please log your concern / complaint below: Date: _____

Please note that your concern / complaint will be taken seriously and we will review it in our monthly Performance Improvement Committee meeting. If you wish to receive a response, please include your name and a telephone number where you can be reached. Otherwise, you may choose to leave this concern / complaint anonymously.

Name and Telephone Number (Optional)

Thank You,
CPG Management Staff