



Elbowoods Memorial Health Center

Administrative Department
1058 COLLEGE DRIVE, NEW TOWN ND 58763
PHONE: (701) 627-4750 FAX: (701) 627-7699

Complaint Form

Customer Name _____ Date of Birth _____

Mailing Address for Follow-up _____

Telephone number for follow-up _____

Date of Service _____ Staff Member Name _____

Date of Complaint _____

Relationship to Patient _____

Problems (Briefly describe complaint, giving dates and persons involved; attach letter of complaint and any supporting documentation.)

What Does Complainant Want Done? _____

Complainant Signature: _____ Date: _____

Investigation:
