

CONFIDENTIAL PATIENT COMPLAINT REPORT

All patient complaints are confidential. This report and any attachments are part of Salem Family Medicine Quality Improvement Program and therefore protected confidential documents under the law. All complaints will be given serious attention. Mail or fax to: Salem Family Medicine, 693 36th Ave NE, Salem OR 97301 fax 503-581-5811

Person Making the Complaint: _____

Telephone #: _____ **Email:** _____

Address: _____

Date of Complaint: _____

Describe the problem or reason for Complaint:

Describe how you feel your complaint could be resolved:

Salem Family Medicine will not intimidate, threaten, coerce, discriminate, or retaliate against or take other retaliatory action against any person who participates in the complaint process.
