



- ☐ Phone complaint
☐ In-person complaint

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES PATIENT COMPLAINT FORM

Every patient should have a reasonable expectation of care and services provided to him/her while at the OSU Center for Health Sciences Physicians Clinics. OSU Physicians Clinics are committed to addressing situations when those expectations are not met in a timely, reasonable, and consistent manner.

If staff at Oklahoma State University Center for Health Sciences (OSU-CHS) have fallen short of this goal, we want you to notify us. Please use the space provided below to describe your complaint/concern. It is our intent to use this feedback to correct the situation and better serve you as our valued patient.

Details of your complaint:

Name of Patient _____ Date of Birth _____ Telephone # _____

Representative or person completing form and relationship to patient _____

Signature _____ Date: _____

I would like to make a complaint/report of concern about the following individual or clinic:

Individual/Clinic Name: _____

Please tell us about your complaint/concern in the space provided below. Be as specific as possible, to include date(s)/time(s) the event occurred. Please use the back of this form if you need additional space.

This section to be completed by the reviewer:

Date Received: _____ Reviewed by: _____

Reviewer's Comments: ☐ Treating Physician/Provider Consulted ☐ Department Chair Consulted
☐ Staff Member Consulted: ☐ Nursing ☐ Front Office ☐ Other-specify _____

Action Taken: _____

Patient was notified by ☐ Telephone ☐ Mail Date: _____

OSU Staff Member Signature: _____

Copy to QAPI Committee: Date: _____

Blank lined area for patient complaint details.