

## Complaint / Grievance Form

PCHS is committed to providing safe and effective health care to meet your needs and expectations. Please let us know if you feel we need to improve or are not meeting your expectations. We appreciate you and are committed to your health and satisfaction. **Please mail or return completed form to:** 230 E Marydale, Soldotna, AK 99669 ATTN: Compliance Department

### Identification Information

Patient Name:	Date of Birth:
Patient Address:	Phone:
	Email:

**Describe the problem. Include all pertinent details. Attach additional pages, if necessary.**

**What steps have you taken to resolve your concern?**

**What can we do to resolve the concern?**

(Please sign)

\_\_\_\_\_  
Patient (or responsible party) Signature

\_\_\_\_\_  
Date