



# Sokaogon Chippewa Health Clinic

3144 Vanzile Road  
Crandon, WI 54520

Phone: (715) 478-5180 \* Fax: (715) 478-5904

[www.sokaogonchippewa.com](http://www.sokaogonchippewa.com)



## GRIEVANCE/COMPLAINT FORM

The Sokaogon Chippewa Health Clinic is very interested in Quality Improvement and would appreciate any complaint or concern you may have regarding your visit with us to be submitted to the Health Director at address above. Every submission will be confidential and reviewed by the Health Director for appropriate action to ensure correction measures are taken.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

How may we reach you regarding this complaint: \_\_\_\_\_

**Reason(s) for this complaint:** *(Please provide as much information as possible and attach any documents so that we may consider all the available facts. If you need additional room, please use the back side of this form.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Phone

**Thank You for your input.**

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up started: (Y) (N) Date: \_\_\_\_\_

**Ga-na-waji Ga-wi-nug Way-ji-mooki-ji-wung Yi-ewe-meing-gun-a-sepii**