



As a result of your comment, what are your suggestions and what would you like to see happen:

I understand that staff investigating this comment may need to see and review health records, but that all information will be kept confidential. I further understand that this comment will in no way affect any care provided to me.

Patient Name: _____

Signature:

_____ Date: _____

Thank you for taking the time to bring your complaint to our attention. You should receive a response within 30 days. Please return this form to: North Fork EMS Community Paramedicine Program 110 E. Hotchkiss Avenue, Hotchkiss, CO 81419

End of Form