

**McLaren Print System Order**

**Order No: 6614**  
**Order Date: 2014-10-20**  
**User: Kristin Fudge**  
**Phone: 517-975-3107**

**Ship Location: MGL Redi Care South / Kristin**  
**6910 South Cedar St**  
**Lansing , Mi 48911**

**Forms**  
**Quantity: 100**  
**Paragon Dept No: 67725**  
**Dept Name: MGL Redi Care South**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-23**  
**Item Description: Concerns Record**  
**Revision Date:**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

**McLaren Medical Group (MMG)**  
**Concerns Record**

**To be completed by MMG Staff Member**  
*Staff Member: Complete the top portion of this form and forward to your Operations Manager*

Date of Service	Person Completing the Form	Office			
Mr Name	Complaints	Relationship	Complaints Phone		
Complaints Address	City	State	Zip		
Type of Concern	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Care Received	<input type="checkbox"/> Wait Time	<input type="checkbox"/> Fees Charged	<input type="checkbox"/> Medication
	<input type="checkbox"/> Discharge	<input type="checkbox"/> Other			
Description of Concern					
Staff Member's Operations Manager		Staff Member Signature	Date		

**To be completed by MMG Operations Manager**  
*Operations Manager: Send copies of this completed form to your Director and to the MMG Patient Care Improvement Department at Challenge Village*

Description of Concern		
Operations Manager's Director	Operations Manager Signature	Date