

McLaren Medical Management Concerns Record

To be completed by MMMI 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 _____

Pt. Name: _____ Complainant: _____ Relationship: _____ Complainant's Phone: _____

Complainant's Address _____ City: _____ State: _____ Zip: _____

Type of Concern: Staff Member Care Received Wait Time Fees Charged Medication
 Diagnosis Other: _____

Description of Concern:

Staff Member's Operations Manager _____ Staff Member Signature _____ Date _____

To be completed by MMMI Operations Manager

Operations Manager: Send copies of this completed form to your Director and to the MMMI Performance Improvement Department @ Ballenger Village

Disposition of Concern:

Operations Manager's Director _____ Operations Manager Signature _____ Date _____

PI Rcv'd: _____ ID: _____