

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

<hr/> Date of Service	<hr/> Person Completing the Form	<hr/> Office			
<hr/> Pt. Name:	<hr/> Complainant:	<hr/> Relationship:	<hr/> Complainant's Phone:		
<hr/> Complainant's Address		<hr/> City:	<hr/> State:	<hr/> 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"/> Diagnosis	<input type="checkbox"/> Other: _____			
<hr/> Description of Concern:					
<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/> Staff Member's Operations Manager		<hr/> Staff Member Signature		<hr/> Date	

To be completed by MMG Operations Manager

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

Disposition of Concern:

<hr/> Operations Manager's Director	<hr/> Operations Manager Signature	<hr/> Date
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PI Rcv'd: _____ ID: _____