

McLaren Medical Group  
**Patient Relations Feedback Form**

Priority Level:	Action Required:
Patient:	Feedback Source:
Date:	Relationship:
DOS:	Phone:
Department:	Pt. Phone/Other:

Feedback Summary:

Primary Issues of Concern:

Disposition:

- Card \$5.00       Card \$10.00       Letter

This information is considered privileged and confidential including quality assessment activities and internal peer quality peer review under the Michigan Public Health Code: MCLA 330.1143a, MCLA 330.17489, MCLA 333.21513, MCLA 333.21515, MCLA 33.20175, MCLA 331.531 and MCLA 331.533.1