



265 Griffin Street E. Amery, WI 54001 . (715)268-8000  
www.amerymedicalcenter.org

## • GRIEVANCE/COMPLAINT •

Date of grievance/complaint: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_

Include name of patient involved and person making complaint

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Type of complaint (✓ as many as applicable):

\_\_\_ Access

\_\_\_ Communication/Behavior

\_\_\_ Facility/Environment

\_\_\_ Benefit coverage/billing

\_\_\_ Waiting time

\_\_\_ Care provided

\_\_\_ Leave practice

\_\_\_ HIPAA

\_\_\_ Other: \_\_\_\_\_

Comments/resolution/other information:

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Person receiving/handling complaint: \_\_\_\_\_

Date of satisfactory resolution: \_\_\_\_\_

**Return this form to Joyce Schaefer or Sandi Reed upon completion by mailing to:  
Amery Regional Medical Center, 265 Griffin Street E, Amery, WI 54001.**