



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:

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.**