



Patient Complaint/Grievance Form

Our patients should have reasonable expectations of care and services provided to him or her while at FYZICAL Therapy and Balance Centers. FYZICAL intends to make available a means whereby differences and disagreements in the areas of ethical and professional conduct may be brought to a settlement that is fair to the interests of all parties. We are committed to addressing situations when those expectations are not met in a timely, reasonable, and consistent manner.

Our office manager and staff are all available to assist you with completing this form, filing a formal grievance over the phone, or to answer questions at (702)818-5000 ext 110. Please return this form to: FYZICAL Therapy and Balance Centers Attn: Stephanie Holmstrom 9070 W. Cheyenne Ave Ste 100 Las Vegas, NV 89129

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____

Telephone: _____

Date of Birth: _____ Account Number: _____
(Optional)

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following [1] please state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event. Use the other side of this form if you need more room).

Date: _____
Signature of Patient or Legal Representative

If Legal Representative, state relationship: _____

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date Received: _____ Reviewed by: _____

Reviewer's Comments: _____

Date patient was notified of resolution by mail to address stated above: _____

Date: _____ Healthcare Representative Signature: _____

