www.arrowheadmedcenter.org



The Heart of a Healthy Community

Patient Grievance Form

Date:		
Name of Patient:		
	Medical Record #:	
Phone #:	Dept of Concern:	
Doctor:	Staff:	
Received By:	Ext:	
Description of Complaint:		

What type of action are you seeking?:		
what type of action are you seeking?.		
<u> </u>		

Arrowhead Regional Medical Center is committed to providing the best quality care and customer service to our patients and their families. Please be assured that all complaints are reviewed and investigated by appropriate Administrators/Managers. You will receive an Acknowledgement letter once your complaint has been submitted to department manager for review. At the completion of the investigation you will receive a resolution letter outlining findings and outcome. If you have any questions or concerns, please contact the Hospital Customer Advocate's office at (909) 580-3535. Thank you.