

IRELAND ARMY HEALTH CLINIC
COMPLIMENT, REQUEST FOR ASSISTANCE, COMPLAINT WORKSHEET

AUTHORITY: 10 USC3012

PRINCIPLE PURPOSE(S): To collect information regarding, patient problems, compliments, and suggestions in order to improve medical care.
ROUTINE USE(S): Used by clinic management to resolve individual patient complaints and requests to review adequacy of patient services.
MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary; however refusal to do so may preclude satisfactory assistance.

SECTION I - SPONSORS LAST FOUR, _____

Patient Name _____ Telephone# (Home) _____

Status _____ Rank _____ Unit: _____ Telephone# (Work) _____

Home Address _____ Person Registering Concern _____

_____ Relation to Patient _____

EMAIL _____

Clinic/ Activity Involved _____

COMPLIMENT/ REQUEST FOR ASSISTANCE/ COMPLAINT (circle One) explain the issue in your own words. Be as detailed as possible and include names, dates, times, and anything that will assist us in resolving your situation. (If more space is needed use a separate sheet).

Desired Outcome: _____