



Patient Feedback Form

At Northern California Advanced Surgery Center we make every effort to take the best possible care of our patients. We understand that, despite our best efforts, there will be times that a patient may have an unresolved problem or complaint.

This form is being provided for you to register your complaint or concern. You can be assured that the Clinical Director of the surgery center will review this information and make every effort to resolve this matter to your satisfaction.

Please answer the questions below. Your cooperation will allow us to investigate and resolve the situation.

1. State the problem or complaint. _____

2. To whom was your concern originally reported?

3. Witnesses or other persons involved: _____

4. What could have been done to prevent this situation from occurring?

5. What would you like to see done at this time to resolve the situation?

Patient Signature

Date