

# Patient feedback form

Patient name (please print): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Medical record no. (if known): \_\_\_\_\_

This concern is regarding my bill:  Yes  No

This concern is regarding my patient care:  Yes  No

1. Did you discuss this concern with a member of your health care team?  Yes  No

2. Please write a brief statement:

Who was involved: \_\_\_\_\_

When did the issue occur: \_\_\_\_\_

Where did the issue occur: \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use back of form if necessary and/or attach related documents)

I authorize the OHSU Patient Advocate to review the above concern and advocate on my behalf. I understand the advocate will review my medical record and/or discuss my case with my OHSU health care provider(s).

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

Return to: OHSU Patient Relations Dept. UHS-3, 3181 S.W. Sam Jackson Park Rd., Portland, OR 97239  
503-494-7959 Fax: 503-494-3495 E-mail: [advocate@ohsu.edu](mailto:advocate@ohsu.edu) [www.ohsu.edu/advocate](http://www.ohsu.edu/advocate)

**If we still have not addressed your concern, the following resources are also available to assist you:**

- Oregon Health Authority, Health Care Regulation and Quality Improvement: 971-673-0540
- State Quality Improvement Org., Acumentra Health: 503-279-0100
- DNV-GL Healthcare: 866-496-9647
- The Joint Commission: [www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)

