



HIRSCH
PEDIATRICS

PATIENT COMPLAINT FORM

Our practice values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care.

If the staff at Hirsch Pediatrics has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint.

It is our intent to use this feedback to better protect your rights to patient confidentiality.

Date

Signature of Legal Guardian
(or patient)

Print name of Legal Guardian
(or patient)

Patient Name

parent
Relationship to Patient