



Sokaogon Chippewa Health Clinic

3144 Vanzile Road
Crandon, WI 54520

Phone: (715) 478-5180 * Fax: (715) 478-5904

www.sokaogonchippewa.com



GRIEVANCE/COMPLAINT FORM

The Sokaogon Chippewa Health Clinic is very interested in Quality Improvement and would appreciate any complaint or concern you may have regarding your visit with us to be submitted to the Health Director at address above. Every submission will be confidential and reviewed by the Health Director for appropriate action to ensure correction measures are taken.

Patient Name: _____

Address: _____

Date of Complaint: _____

How may we reach you regarding this complaint: _____

Reason(s) for this complaint: *(Please provide as much information as possible and attach any documents so that we may consider all the available facts. If you need additional room, please use the back side of this form.)*

Signature Date

Print Name Phone

Thank You for your input.

OFFICE USE ONLY

Received by: _____ Date: _____

Follow-up started: (Y) (N) Date: _____

Ga-na-waji Ga-wi-nug Way-ji-mooki-ji-wung Yi-ewe-meing-gun-a-sepii