



PATIENT COMPLAINT/INCIDENT REPORT

Patient Name: _____ Date of Birth: _____

Complete Address: _____

Phone #: _____ Email: _____

Name of Person Reporting: _____ Relationship to Patient: _____

Treating Physician: _____

Date of Incident: _____ Employee Involved (name/position): _____

Please describe problem or reason for complaint/incident: _____

Patient Signature or Legal Representative

Date

Please return this form to:

Houston Foot Doctor, ATTN: Complaints, 9405 Huffmeister Rd., Suite 100, Houston, TX 77095

You may also fax this form to 281-463-1035, or email it to HR@houstonfootdr.com.