OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES
PATIENT COMPLAINT FORM

Our practice values the privacy of its patients and is committed to operating our practice in a manner that provides high quality patient care. If the staff at Oklahoma State University Center for Health Sciences (OSU-CHS) have fallen short of this goal, we want you to notify us. Be assured your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to provide the highest quality service.

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(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

_____ _____
Name of Patient Date

_____ _____
Signature of Patient Phone Number

For Office Use Only
Date Received: _____ Received By: _____ Reference: _____