



## Patient Comment and Complaint Form

Piedmont Internal Medicine values the comments and concerns of its patients. We are committed to operate in a manner that is responsive to concerns, promotes patient confidentiality, and delivers the highest quality health care possible.

If our staff has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. If this is a privacy complaint, you will receive a formal response from the corporate Privacy Officer. All other patient comments and concerns will be handled by the Supervisor/Manager of the appropriate department, or if necessary, referred to our Executive Committee for resolution.

Please use the space provided below (and on back, or another sheet if needed) to describe your comment or complaint. Please be detailed and include the type of infraction or a description of the issue, as well as the date/time the incident or problem occurred (if applicable). It is our intent to use this feedback to address your issue, as well as to improve the healthcare experience of all our patients. Positive feedback and suggestions are appreciated as well.

You may hand deliver your completed form in person to the office or mail it to Piedmont Internal Medicine ATTN: Managers 3280 Howell Mill Rd NW Suite 150 Atlanta, GA 30327 You may also email a copy to [CustomerService@pimapc.com](mailto:CustomerService@pimapc.com), or fax it to (404)352-1175.

**NOTE:** *In general, we would like to be notified of your complaint as soon as possible, so we may address it in a timely fashion.*

---

---

---

---

---

---

---

---

---

---

---

---

Signature of Patient/Representative\_\_\_\_\_

Relationship\_\_\_\_\_

Printed Name of Patient/Representative\_\_\_\_\_

Date\_\_\_\_\_ Phone Number\_\_\_\_\_

Address/Email Address\_\_\_\_\_