



# *St. Michael's Hospital*

## **PATIENT COMPLAINT FORM**

You have the right to make a written complaint concerning the care you have received at St. Michael's Hospital. You may use this form or the patient questionnaire. It will be forwarded to the Social Worker **OR** you may submit your complaint directly to:

Social Services Department  
St. Michael's Hospital  
425 North Elm Street  
Sauk Centre, MN 56378

If you have questions, please contact the Social Worker directly at (320) 352-2221.

Patient Name _____	Date _____
Address _____	City/State/Zip _____
Telephone Number _____	

Please describe the nature of your complaint: _____ _____ _____
Signature of person making complaint: _____
Relationship to Patient: _____

<b>FOR ST. MICHAEL'S USE ONLY</b>
Date Received _____ Date Response Provided to Patient _____
Employee Signature _____