

**Patient/Client Comment/Complaint Resolution Log**

We strive to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. To ensure that our services meet your complete satisfaction, we ask you to describe any complaint, problem, concern or compliment you may have.

After completing the form, please tear the page out of the handout and mail to Alert Medical. A manager will research your concern in order to resolve all complaints and / or problems. We appreciate your candid comments as well as your assistance in helping us to continually improve our service(s) to our valued customers.

**Patient Information:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Person (other than patient) making complaint: \_\_\_\_\_

Relation to patient: \_\_\_\_\_

Summary of complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Office Use Only) Recipient Information:**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Actions taken to resolve: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigation:    Y        N

If no investigation conducted, name of person making the decision: \_\_\_\_\_

If investigation done: outcome of the investigation and who made this decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**Alert Medical, Inc.**  
**Performance Improvement Evaluation**

**Patient:** \_\_\_\_\_

Thank you for allowing us, Alert Medical the opportunity to provide you with your home medical equipment needs. As part of our Performance Improvement Program, please take a few minutes to respond to the following questions.

We are especially interested in your comments on how our services can be improved and ideas for other services that would benefit you. Please return this questionnaire in the inclosed postage paid envelope.

Thank you,

Ed Brennan - General Manager

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Circle the number that best describes your response to the following questions

5 = Excellent                  4 = Very Good                  3 = Good                  2 = Poor                  1 = Unsatisfactory

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1. Were you pleased with the equipment and training that you received to manage your home medical equipment and/or oxygen?

5   4   3   2   1

Comments: \_\_\_\_\_

2. Were your supplies and equipment delivered in a timely fashion?

5   4   3   2   1

Comments: \_\_\_\_\_

3. Were our people courteous and responsive?

5   4   3   2   1

Comments: \_\_\_\_\_

4. Was the equipment clean and in good working condition?

5   4   3   2   1

Comments: \_\_\_\_\_

5. How would you rate the overall quality of our services?

5   4   3   2   1

Comments: \_\_\_\_\_

**Alert Medical, Inc.**  
**Quality Assessment Evaluation Continued**

6. How can we improve our services? \_\_\_\_\_

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7. Were there any other services you need that we have not provided? \_\_\_\_\_

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8. General remarks/Comments?

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