

**SCOOTER WAREHOUSE, INC.
PATIENT COMMUNICATION FORM**

At Scooter Warehouse, Inc. we genuinely strive to provide the highest quality in health care services for our clients. That's why your concerns are our concerns.

To ensure that our service meets your total satisfaction, we ask you to describe completely any problem, concern, or compliments you may have. This completed form will be routed directly to the facility manager, who will promptly review this concern and will make verbal or written communications with you to assure you the problems will be corrected and compliments will be shared.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

Individual completing form: _____
Date of form completion: _____
Name of affected individual: _____
Phone Number: _____

Address

City State Zip

Scooter Warehouse, Inc. Account Number, if applicable: _____

Initial date of incident: _____

Describe incident: (Use backside if necessary)

Signature Date

Corrective Measure (office use only)

Signature Date

Entered in QB system by _____ . Date: _____

cc: Customer file
Company Complaint File