



JCAHO HCO ID# 535584

## Patient Complaint Form

Patients and caregivers are encouraged to voice their concerns or complaints about the policies, care or services provided by **AvasaRX** without coercion, discrimination, reprisal, or unreasonable interruption in care or service. We at **AvasaRX** want to provide your therapy to your complete satisfaction. If you are not happy with the care you get from us, we want to know about it. If you have any concerns or problems with your medications, services, etc., you have the right to call our toll free number at (844) 480-2005 or email us at [info@avasarx.com](mailto:info@avasarx.com) and we will be glad to help you with what you need. If you wish to file a written complaint you may do so using this form and return it to **AvasaRX**. Our Privacy Officer will contact you within 5 business days upon its receipt.

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

Patient Name: \_\_\_\_\_

Regarding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee involved: (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be filled out by Privacy Officer**

Action taken:

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Signature of Privacy Officer

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Date

