



Formal Complaint Form

We are committed to providing outstanding customer service and quality care. Our goal is to set the standards for customer service and delivery of primary care. However, there could be a time when things do not always connect between the member, staff member and or healthcare provider. If you are not able to resolve the issue on your own and or would like help, we invite you to complete this form, it will help us resolve the issues and improve on our customer service so other members do not have to experience this same issue.

Name of individual with complaint: _____

Name of parent or legal guardian (if under 18): _____

Member ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Explain the issue you believe has caused the problem.

The staff member who was involved (if any). _____

The healthcare provider that was involved (if any). _____

Have you talked directly to those involved? [] Yes [] No

Please Complete Other Side

What action would you like taken to resolve this complaint to your satisfaction?

Medical Information Release Approval

We may need to review your medical records to obtain a full assessment of the complaint you have identified. The information within your medical records including all of your personal identification information will be held strictly confidential. By your signature below you grant senior management and the healthcare provider team to review such information in helping to determine the potential cause of the complaint.

Individual Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____
(if individual is under 18)

When and how is the best way to contact you to discuss this issue?

Home Phone Cell Phone Email Time? _____

You may deliver the complaint by - Fax to: 509-892-3663
E-mail to: membersupport@freedomhealthgroup.com
Mail to: Freedom Health Group
924 S. Pines Rd. Ste 101
Spokane Valley, WA 99206