

Marietta OB-Gyn AFFILIATES, P.A.

PATIENT COMPLAINT FORM

Our practice values the privacy of its patients and is committed to operating our practice in a manner which promotes patient confidentiality while providing high quality patient care.

If the staff of Marietta OB-Gyn Affiliates, P.A. has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to utilize this feedback to better protect your rights to patient confidentiality.

Name of Patient

Date

Signature of Patient

Phone Number