

**Greater New Orleans Health Information Exchange (GNOHIE)**

**Patient Complaint Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Check here if you wish to file this complaint anonymously.

Can we contact you for additional information if necessary: Yes/No  
Would you like to be notified of a resolution to this complaint: Yes/No

Best way to contact you:  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Postal Service

Summary of Complaint: (use back of paper if necessary)

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*For internal use only*

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

Received by Privacy Officer on: \_\_\_\_\_

Investigation and Resolution: (Attach additional pages if necessary) \_\_\_\_\_

Forwarded to GNOHIE Privacy Officer: Yes/No If yes, date: \_\_\_\_\_  
Patient notification of resolution: Yes/No Date: \_\_\_\_\_ Mechanism of notification: \_\_\_\_\_  
Follow-up Required: Yes/No

\_\_\_\_\_  
Privacy Officer Printed Name

\_\_\_\_\_  
Privacy Officer Signature

\_\_\_\_\_  
Date