Lakeside MRI & Diagnostic Center
17360 Hwy 3, Webster, TX 77598
(281) 338-5575

PATIENT COMPLAINT FORM

PATIENT INFORMATION:

- PATIENT NAME: _____
- CONTACT INFORMATION:
  - PHONE: _____
  - EMAIL: _____
  - ADDRESS: _____
- DATE AND TIME OF INCIDENT:
  - DATE: _____
  - TIME: _____
- DESCRIPTION OF COMPLAINT
  PLEASE DESCRIBE THE DETAILS OF THE INCIDENT THAT LED TO YOUR COMPLAINT:
  _____
  _____
  _____
  _____
  _____
- DESIRED RESOLUTION:
  PLEASE LET US KNOW WHAT OUTCOME OR RESOLUTION YOU ARE HOPING FOR:
  _____
  _____
  _____
  _____
  _____
- SIGNATURE:
  I AFFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

  SIGNATURE _____ DATE _____