

Westfield Family Physicians, P.C. Complaint Form

It is always our desire to deliver excellent and compassionate health care. There are times, however, when we fall short of that goal and need to hear about how we can serve our patients better.

We appreciate the time you are taking to file a complaint and hope by addressing this complaint we can resolve our differences and maintain open lines of communication.

Your name: _____

Today's date: _____

Your address: _____

Your phone number: _____

Date of service: _____

Please recount your experience or the source of your dissatisfaction: _____

How could this situation be "made right?" _____

Resolution (for office use): _____

