



**BOONE COUNTY HEALTH CENTER
AND MEDICAL CLINICS**
723 West Fairview Street
P.O. Box 151
Albion, NE 68620

Patient/Visitor Grievance Form

Name of Person Complaining: _____ Date _____

Address: _____

Telephone: _____ Email address: _____

Describe in detail the nature of your complaint:

Give the name of the person(s) (if there is one) that you first reported the complaint to: _____

Describe what actions can be taken in order to deal effectively with your complaint:

For office use only

Risk Manager Signature/Date

CEO Signature/Date

Please submit to: Boone County Health Center
Attn: Jeanne Temme
PO Box 151
Albion, NE 68620