

24705 US-101, Rockaway Beach, OR 97136
 Mailing Address: PO Box 176, Wheeler, OR 97147
 Telephone: 503-355-3500 | Fax: 844-720-1901

Please place your completed form in the secure Patient Feedback box near the front desk or email directly to Nehalem Bay Health Center's Risk Manager at risk@nehalemhealth.org.

Nehalem Bay Health Center follows Oregon law (ORS 109.640, 109.675) which permits minors age 15 and older to consent to medical and dental care, and minors 14 and older to consent to outpatient mental health or substance use treatment without a parent or guardian. Minors at any age may sign their own consent to access reproductive health services. While we encourage parental involvement and may notify parents when clinically appropriate (ORS 109.650, 109.680), we also ensure that student health records remain confidential and are only shared with school staff as permitted by law or with specific written authorization.

Today's date: _____

PATIENT GRIEVANCE FORM

PATIENT & COMPLAINT DETAILS

Patient Name: _____ Telephone #: _____

Address: _____

Person Reporting: _____

If other than patient:

Relationship to patient: _____ Telephone #: _____

Address: _____

Please provide detailed information regarding your complaint. It will help us to know names, dates, times and who was involved with your concerns and anything else you feel would be important for us to know:

Do you want this complaint to be shared with the staff member(s) involved in this complaint?

- YES** – It is okay for you to share my identity with the staff member(s) mentioned on this form.
- NO** – I prefer to remain anonymous and do not want my identity shared with the staff member(s).

Signature: _____ Date: _____

