LRADAC
Improving Lives. Improving Communities.

PATIENT COMPLAINT FORM

I wish to make the following complaint:
This incident occurred on _____ (date) at approximately _____ (time) and involved the following (please be as specific as possible):

_____

_____

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_____ _____
Name (please print) Telephone Number

Address _____

When is the best time to reach you?_____

Would you be willing to come in and speak with someone about this complaint?_____

We appreciate your taking the time to complete this form. Please be assured that we will do everything we can to address and resolve your concerns. You may contact your Patient Advocate, Victoria Onufrik at telephone number 803-726-9404.

Return this form to: Attn: Patient Advocate
LRADAC
P.O. Box 50597
Columbia, SC 29250