Clinic Complaint Reporting Form – Provider Use Only

PrimeWest HEALTH™

Submit via secure email to contracting@primewest.org or fax to 1-320-335-5384, Attn: Contracting, within 30 days after the end of each quarter, even if no complaints were filed during the quarter. Attach additional sheets as necessary.
Call the Provider Contact Center at 1-866-431-0802 (toll free) with questions or concerns.

Year ________ ☐ 1st Qtr ☐ 2nd Qtr ☐ 3rd Qtr ☐ 4th Qtr

Provider NPI ____________________

Facility name ____________________ **Telephone #** (______) ______ - ________

Address ____________________ **Contact name** ____________________

City ____________________ **St** ______ **Zip** ________ **Email address** ____________________

☐ No complaints were filed Signature ____________________ Print name ____________________

Date received	Occurrence date	Member name	Member DOB	Issues: Check all that apply	Date of resolution	Summary of issues/resolutions
				☐ Access issues ☐ Communication/behavior ☐ Coordination of care ☐ Technical competence ☐ Facility/environment concerns ☐ Other issues		☐ Written ☐ Verbal Brief summary:
				☐ Access issues ☐ Communication/behavior ☐ Coordination of care ☐ Technical competence ☐ Facility/environment concerns ☐ Other issues		☐ Written ☐ Verbal Brief summary:
				☐ Access issues ☐ Communication/behavior ☐ Coordination of care ☐ Technical competence ☐ Facility/environment concerns ☐ Other issues		☐ Written ☐ Verbal Brief summary: