

## Patient Concern Form

Advanced Care Scripts (ACS) continually strives to provide the highest quality health care services to the patients and clients we service. All patients, caregivers, and clients are urged to voice concerns or complaints. Your concerns or complaints are crucial to us in improving the services we provide.

You may use this form at any time. When completed, mail it back to ACS in the self-addressed, stamped envelope provided in the packet. This information will be forwarded to the ACS Quality department. You can expect to receive a prompt response.

You may also call the ACS Quality line at (866) 944-9511 to register your concern.

Person Completing Form: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Date of Concern: \_\_\_\_\_

Describe Concern Regarding Service Provided By ACS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Mail To: Advanced Care Scripts  
6251 Chancellor Drive, suite 101  
Orlando, Florida 32809

Or

Please Fax To: (866) 679-7131

**For Office Use Only**

Corrective Action by the Quality Department:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date