

Patient Concerns and Grievances Form

Urology Centers of Alabama, PC, is committed to providing our patients with the best level of care possible. Please complete this form if you have concerns about the health care or treatment that you or a family member received, or did not receive, while receiving care or services at one of our locations. Patients have the right to report any concerns, complaints, and grievances they experience with Urology Centers of Alabama. Your feedback is important to us, and every case will be addressed promptly upon receipt by our management team. To submit a concern, complaint, or grievance, you may do so by completing one of the following three options:

1. Complete this form and mail to: Urology Centers of Alabama
3485 Independence Drive
Homewood, AL 35209
2. Call us at 205-930-0920.
3. Discuss in person at the address above.

Once your concern has been investigated, you will receive a written or verbal response from Urology Centers of Alabama within 14 days. If you feel the case has not been resolved to your satisfaction, you have the right to contact us and request the case be re-reviewed and escalated. Filing of this complaint does not affect your ability to receive treatment or care at Urology Centers of Alabama, PC, or any of our clinics.

Name: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Complete this side only if you are filing a complaint on behalf of someone else.

Patient Name: _____

Patient Address: _____

Patient Date of Birth: _____

Patient Telephone Number: _____

Please use the space below to explain your complaint: (may continue the back of this page if needed)

Signature: _____ Date: _____

If applicable, please provide Legal Representative's Name: _____

Relationship to Patient: _____