

Douglas H. Richie, Jr., DPM  
550 Pacific Coast Hwy, Ste. 209  
Seal Beach, CA 90740

## Medicare Beneficiary Complaint Log

Date of receipt of Complaint:

\_\_\_\_\_

Patient's Name:

\_\_\_\_\_

Patient's Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient's Telephone Number:

\_\_\_\_\_

Patient's Medicare or Health Insurance Number:

\_\_\_\_\_

Description of Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Action taken to resolve the complaint:

\_\_\_\_\_  
\_\_\_\_\_

Signature of employee taking complaint

\_\_\_\_\_ Date \_\_\_\_\_

Patient's Name

\_\_\_\_\_ Date \_\_\_\_\_