

# COMMUNITY MRI-CT

**CONVENIENT ACCESS - COMPETITIVE RATES - RAPID RESULTS**

110 North 37th Street, Suite 302, Norfolk, NE

402.379.2810

402.379.4075 Fax

You have the right to make a written complaint concerning the care you have received at this facility. Please use this form. It will be forwarded to administration OR you may submit your complaint directly to:

Community MRI-CT  
Administration  
3223 32nd Avenue South, Suite 201  
Fargo, ND 58103  
Phone: 701-297-0305

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
Would you like to be contacted?  Yes  No If so by:  Phone  Letter  E-Mail

Please describe the nature of your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person making complaint: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

## FOR ADMINISTRATION USE ONLY

Date Received: \_\_\_\_\_ Date Response Provided to Patient: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_

Summary of Actions Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigation Not Concluded

Employee Name: \_\_\_\_\_ Reason: \_\_\_\_\_