JERSEY SHORE HOSPITAL

Patient Complaint Form:

Date:_____ **Name of Person Reporting Complaint**_____

Patient Name:_____ **Phone#**(___) _____

Describe Your Concern:

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Signature

Place completed form in box labeled 'Patient Concerns'

Or email completed form to quality@jsh.org

Or postal mail to: Jersey Shore Hospital Patient Concerns 1020 Thompson St. Jersey Shore, PA 17740