3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

Complaint Form

Here at Spine & Pain Associates, PLLC we take our responsibilities seriously but also realize that we can always improve. If you would like to file a complaint with us, we welcome your feedback and suggestions.

If you would like us to contact you to discuss your complaint or if we need to look up your medical record to review information, please provide the information requested below. You also have the option of filling out the form anonymously.

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

What is the best way to contact you? (Please provide a preferred phone number or email): _____

Are you filing your complaint on behalf of:

☐ Yourself (go to page 2)

☐ Another person (fill in that person's information below)

First Name: _____ Middle: _____ Last: _____

Medical Record Number (if known): _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

continued

Tell us what happened and when it occurred:

Signature (unless anonymous): _____ Date: _____

Please return the completed form to the Practice Manager at Spine & Pain Associates, PLLC, by FAXING it to 919-292-2167or by mailing it to the attention of the Practice Manager at Spine & Pain Associates, PLLC., 1303 Carthage Street, Sanford, NC 27330.