



Washington State Department of

Health

Medical Quality Assurance Commission

Intake Coordinator

PO Box 47866

Olympia, WA 98504-7866

Phone: 360.236.2762 Fax: 360.586.4573

E-mail: medical.complaints@doh.wa.gov

Complaint Form

Today's Date: _____

1. Your Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) ____-____ Work: (____) ____-____

Cell Phone: (____) ____-____ E-mail: _____

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: _____

Clinic or Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Patient Information

Full name: _____

Date of Birth: _____

Date of incident: _____

