



# Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



**Paula F. Nickelson**  
Acting Director

**Michael L. Parson**  
Governor

Complaint form can be emailed to [hospitalcomplaints@health.mo.gov](mailto:hospitalcomplaints@health.mo.gov) or faxed to 573-526-3621

Complainant Name:

Complainant Mailing Address:

City:

State:

Zip Code:

E-Mail:

Contact Number:

Relationship to Patient:

Patient Name:

Patient Date of Birth:

Hospital Name:

Hospital location:

Date of Admission:

Date of Incident:

Patient Discharged:  Yes  No

Brought to the facility by:  Ambulance  Law Enforcement  Private Vehicle  Transfer from other facility  
If transferred from other facility, please give name of facility transferred from:

Brief Description of what symptoms/event brought patient to the hospital:

Complaint about hospital:

## PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.