



Missouri Department of Health and Senior Services

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



Sarah Willson
Acting Director

Mike Kehoe
Governor

Complaint form can be emailed to 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.

