



BULLHOOK

Community Health Center

521 4th Street Havre, Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

Patient Complaint Form

Name: _____

Phone Number: _____

Address: _____

Nature of Complaint: _____

Date & Time the Situation Occurred: _____

Details:

Patient Signature

Please submit or return by mail to:
Bullhook Community Health Center • Attn: Administrative Assistant • 521 4th Street • Havre, MT 59501

A member of our administrative staff will be in contact with you after completing a thorough investigation of the services in question.