

# Feedback Form

CARITAS

FAMILY MEDICINE

We are committed to providing the best level of care possible, and we are sorry you have had a negative experience.

Please fill out this form with the details of your concerns.

Full Name		Date
Phone number or email where you can be reached:		
Your relationship with Caritas Family Medicine: <input type="checkbox"/> Patient of Dr. Rosedale / Dr. Cannon (circle one) <input type="checkbox"/> Staff from office of _____ <input type="checkbox"/> Other _____		Date/Time of Incident:
Name of individual(s) against whom the complaint is filed:		
Please tell us what happened that led to you fill out this form:		
As a result, what would you like to see happen?		

I understand that the information contained in this complaint is confidential. This information may be shared with management and legal staff in order to conduct a thorough investigation. I understand that staff reviewing this complaint may need access to my medical records, and that this complaint will not affect any care provided. I agree that the information contained on this form is true and correct, to the best of my knowledge.

Signature	Date
Received by	Date

Rev. 7/21/2022

Please return to Caritas Family Medicine in a sealed envelope labeled for the Office Manager,  
or mail to: Caritas Family Medicine Attn: Feedback, 11901 Toepperwein Rd. #1201, San Antonio, TX 78233