



Patient Complaint Form

Patient Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____
(include area code) *(include area code)*

Describe the nature of your complaint:

Name of Patient or
Personal Representative *(PLEASE PRINT)* _____

Signature of Patient or
Personal Representative: _____ Date: _____
(If Personal Representative, include a description of authority to act for patient)

Please submit this form directly to: Privacy Officer: E-mail: Alere.PrivacyOfficer@alere.com
Toll-free: 866-943-6964 Fax: 913-234-4539, Alere 3200 Windy Hill Rd, Suite 350 E, Atlanta, GA 30339.
If you have any questions, please contact the Privacy Officer via email at: Alere.PrivacyOfficer@alere.com

Please check appropriate Company below:

- Alere Toxicology Alere Home Monitoring eScreen Redwood Toxicology Arriva Medical