



## 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: [ARDx\\_PrivacyOfficer@Alere.com](mailto:ARDx_PrivacyOfficer@Alere.com)  
Toll-free: 866-943-6964 Fax: 913-234-4539, Abbott 3200 Windy Hill Rd, Suite 350 E, Atlanta, GA 30339.  
If you have any questions, please contact the Privacy Officer via email at: [ARDx\\_PrivacyOfficer@Alere.com](mailto:ARDx_PrivacyOfficer@Alere.com)

### Please check appropriate Company below:

- Alere Toxicology     Alere Home Monitoring     Redwood Toxicology