Ronald McDonald House Dallas

FAMILY COMPLAINT FORM

Complete electronically and save, or print and complete by hand.

You may submit this form without fear of retaliation. Please provide as much information as you are comfortable sharing. Ask any staff member for help, an accommodation, interpretation, or a translated form.

Contact Information

Date submitted

Name of person submitting complaint

Patient or guest family name (optional if not part of a current guest family)

Relationship to patient/family, if applicable

Preferred phone number and/or email

Ronald McDonald House, Family Room, or Hospital location involved

Preferred language or communication accommodation

Complaint Details

Date(s) and approximate time(s) of the event

People involved or witnesses, if known

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Complaint details

You may include prior efforts to resolve the concern and the outcome you are requesting. Attach additional pages if needed.

Acknowledgment

I understand that RMHD will review this complaint under its Complaints Policy. I understand that current operational decisions generally remain in effect during review unless RMHD determines an interim change is appropriate. I certify that the information provided is accurate to the best of my knowledge.

Signature (type your name or sign by hand after printing)

Date

RMHD will protect privacy to the extent reasonably possible, but information may be shared as needed to review or legally report the matter.

How to Submit

Save your completed form and deliver it to the RMHD administrative office.