

# MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Avenue, Room 319

Baltimore, Maryland 21215-2299

410-764-4799

410-358-3083 (Fax)

## COMPLAINT FORM

### IDENTITY OF CENTER/STAFF

Full Name/Center: \_\_\_\_\_

Center Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Center Telephone: (\_\_\_\_) \_\_\_\_\_

### PATIENT NAME

Full Name: \_\_\_\_\_  
(Please Print)

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Office Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### IDENTITY OF COMPLAINANT

**If the person making the complaint is not the patient, please provide the following information:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Office Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_



