Sonoran Medical Centers
Notice of Complaint

Your name: _____ Phone: _____

Patient's name: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Complaint Information

Provider/Staff Member: _____

Date: _____

Description of complaint: _____
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_____ _____
Signature Date

You may mail your complaint to:
Sonoran Medical Centers, PLC
Attn: Meri Sutton, Practice Administrator
19875 N 51st Avenue
Glendale, AZ 85308
Fax (623) 581-6461