

EXHIBIT I
GUAM COMMUNITY HEALTH CENTERS
(NORTHERN AND SOUTHERN REGION COMMUNITY HEALTH CENTERS)

PATIENT COMPLAINT FORM

The GCHCs value the privacy of its patients and is committed to operating the centers in a manner that promotes patient confidentiality while providing quality patient care.

If the staff at the GCHCs have fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality.

Name of Patient

Date

Signature of Patient

Phone Number