



PO Box 9310  
 Minneapolis, MN 55440-9310  
 952-992-2900

## Site-Related Quality Complaint Survey Tool

Date of Review: \_\_\_ / \_\_\_ / \_\_\_

new survey  follow-up

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fed Tax ID: \_\_\_\_\_ Contact person: \_\_\_\_\_

STANDARD				
A. Environment	Yes	No	NA	Comments
1. External signage is plainly visible.				
2. Individuals with disabilities are provided equal access to the facility.				
3. Hallways allow for navigation of wheelchairs and gurneys.				
4. The clinic appearance is clean and organized.				
5. Emergency evacuation routes are posted, exit signs are clearly visible.				
6. The waiting area has adequate lighting.				
7. There is adequate space in the exam room and adequate seating available in the waiting areas.				
8. Patient information is displayed in a manner not identifiable to the general public.				
B. Policies				
9. There is a written policy for housekeeping.				
10. There is a written policy for disposing of infectious and hazardous waste.				

**If 100% of the standards are NOT met, a Corrective Action Plan (CAP) is required for the unmet standard(s).**

\_\_\_\_\_  
 Clinic/System Staff Name/Credentials (Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medica Reviewer Name/Credentials (Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clinic/System Staff Signature and Credentials

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medica Reviewer Signature and Credentials

\_\_\_\_\_  
 Date