

# Complaint and Dispute Form:

**Customer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

AMI **Emergency Phone:** 314-756-7195 Disclaimer: Please call only if you have a dispute that deals with work you contracted and wanted to be done, compared to work you received by a company which requires immediate outside arbitration. If you have a complaint about the company or personnel, please fill out the form and mail it, we will make an inquiry and get in contact with you as soon as possible. **Mail to:** AMI, 10652 Rebecca Dr, St Louis Mo 63128

Is this a: **Complaint** / **Dispute** Please circle one or both if required.

Who or what is the complaint against: **Med Procedure** / **Med Personnel** / **Med Office**

**Description of Complaint or dispute:** \_\_\_\_\_

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**AMI Certifier:** \_\_\_\_\_ **AMIC #:** \_\_\_\_\_

**Resolution Results:** \_\_\_\_\_

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**Recommended Action:** \_\_\_\_\_

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**AMIC Signature:** \_\_\_\_\_ **AMIC #:** \_\_\_\_\_ **Date:** \_\_\_\_\_