

Report Tracking # _____

TYPE OF INCIDENT (Check One)

Non-Clinical Clinical



PATIENT COMPLAINT/GRIEVANCE FORM

Type of Concern (Check one):

Patient Complaint ____

Patient Grievance ____

A Patient Complaint is: any concern about the care or services you received. Patients should first attempt to resolve your concerns directly with the department supervisor or by contacting Administration before submitting a written complaint.

A Grievance is: any written complaint reported and resolved previously. You are unsatisfied with the resolution of your complaint/concern. (Reference Patient Rights and Responsibilities brochure) for instructions in how to file a grievance.

Date incident occurred: _____ Date of Complaint/Grievance: _____ Phone #: (____) ____ - _____

Person completing Complaint/Grievance form: _____

Address: _____ City: _____ Zip Code: _____

Detailed description of complaint: (Including who was involved, what happened, when & where)

Any action taken by staff to resolve the complaint: (including the name of person(s) who helped you)

A written complaint should be completed and submitted to Administration as soon as possible to avoid any lapse in the resolution of your concerns. Completing this form will not affect the care you receive and all information will remain confidential. We will notify you following the investigation/resolution of your concerns.

Date received in Administration: _____ Received by: _____

Date Form Received by Manager/Administrator: _____ Entered into Patient/Client Complaint Tracker within 10 business days of submission date.

COO/Risk Manager Signature

Date