



COMPLAINT FORM

Date Complaint Received: _____ Date of Incident: _____

Client/Family Member's Name: _____ Department: _____ Room No.: _____

Home Address: _____

Telephone: _____ Residence: _____ Employment: _____

Letter from Client/Family attached? Yes No

A. Describe the Complaint:

A verbal complaint made by the client, family member or friend **MUST** be described in his or her own words by using "Quotation Marks":

B. List other persons, services or departments involved:

Signature of Complainant: _____ Date: _____

Signature of Staff Completing: _____ Title/Dept: _____

C. Follow-up Actions Taken by Investigating Manager/Director/Physician:

D. List the Outcomes of the Investigation including corrective measures if any:

Copy to: _____

Signature: _____

Date: _____

(Manager/Director/Physician)