

# Complaint Process

## Person Registering the Complaint

First Name:

Last Name:

Daytime Phone Number: ( ) -

Evening Phone Number: ( ) -

## Patient Information (if other than the person registering the complaint)

First Name:

Last Name:

Daytime Phone Number: ( ) -

Evening Phone Number: ( ) -

## Details of Complaint

Please provide details of your concern including the following as appropriate:

- o The specific program or service you are concerned about.
- o Dates and location of service or program participation. Why you are concerned about the service or program.
- o Name of the healthcare team member you are concerned about.
- o Description of efforts you have made to resolve this matter with the healthcare team member.

In addition, please describe the result or outcome that you seek. If you consider the matter urgent, please explain why.

Complaint: