



RECORD OF GRIEVANCE

Date Recorded: [] Time Recorded: [] Source (phone, email, survey, etc): []

Name of Recorder: [] Title: []

Name of Complainant: []

Name of Patient: [] Relationship: []

Has permission been obtained to speak to complainant if they are not the patient or the guardian of a minor patient? []

Address: []

Telephone: [] Date of Birth: [] Date of Visit: []

M# []

Location of Event: []

Complainant Statement:

Action Requested: []

Action Taken: []

Summary Statement (please include statement to be included in the response) []

Additional (case review done, internal action items, etc) []

Director/Supervisor to Initiate Investigation: (include CMO for all provider related complaints) []

Date sent for investigation: []

Date of ongoing Investigation letter: []

Date of final response letter (close date): []



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ACTION PLAN

To Be Completed By Investigating Manager

Summary of complaint: (poor care, unprofessional behavior, communication, privacy issue, wait time, equipment failure, unsafe practice, billing issue, etc.)

Names of person(s) involved with this complaint

Summary of action plan: (process change, documented re-education/training, staff/provider counseling discussion, equipment taken out of service, policy review/change etc.)