☐ CONCERN ☐ COMPLAINT ☐ GRIEVANCE ☐ VERBAL ☐ WRITTEN

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| --- | --- |
| Receiver of form: | Date: |
| Name of Complainant: |
| Address | Telephone No. |
| **ISSUE** |
| 🞏 Eligibility/Intake🞏 Accessibility to Care🞏 Quality of Care🞏 Appropriateness of Care | 🞏 Financial Problem🞏 Staff Attitude🞏 Facility Environment🞏 Continuity of Care | 🞏 Client Rights Issue🞏 HIPAA, Confidentiality, PHI Issue🞏 Staff Code of Conduct🞏 Other |
| **PROBLEM SUMMARY** |
| Include date of incident, staff name if relevant, and what the writer or caller wants. |
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| **IMMEDIATE ACTION STEPS** |
| DATE ADDRESSED: |
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| **RESOLUTION** |
| DATE RESOLVED: |
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| DID COMPLAINANT APPEAR SATISFIED WITH RESOLUTION? 🞏 YES 🞏 NO |
| If not, why? |
| If NO, WAS COMPLAINANT INSTRUCTED TO SUBMIT A FORMAL COMPLAINT/GRIEVANCE IN WRITING? 🞏 YES 🞏 NO |
| **ACKNOWLEDGEMENT** |
| VERBAL CONCERNS: CALL BACK DATE: SPOKE TO: |
| WRITTEN CONCERNS/COMPLAINTS/GRIEVANCES: ACKNOWLEDGMENT LETTER PROVIDED: NAME AND DATE  |
| **NOTIFICATION / SIGN OFF** |
| SUPVR. NOTIFIED? NAME DATE |
| PERSON CONTACTED FOR QUALITY OF CARE ISSUES (PROGRAM DIRECTOR, CLINICAL DIRECTOR CLINICAL SUPERVISOR) DATE |
| COMMENTS |
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|  |
| REVIEWED BY: DATE  | ADMINISTRATOR DATE  | QUALITY IMPROVEMENT DATE |