|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A picture containing food  Description automatically generated | | **Complaint Grievance Form** | | | |
| *Purpose: The Complaint Tracing Form is to be used to trace, troubleshoot, and document patient complaints. Complaints can be originated by phone, email, written or verbal methods. Complaints will be sent to the Chief Operations Officer to be investigated and for a final resolution to be submitted.* | | | | | |
| Date of Incident | | |  | | |
| Patient Name | | |  | DOB |  |
| Source of Complaint | | |  | Phone # |  |
| Complaint: | | | | | |
| Follow-up: | | | | | |
| Resolution: | | | | | |
| Extra notes/comments | | | | | |
| Recommendations or Action Plan | | | | | |
| Staff Signature |  | | | | |
| Staff Signature |  | | | | |
| CMO signature |  | | | | |
| ED Signature |  | | | | |