**CLIENT CONCERN & COMPLAINT FORM**

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| **1. RECEIPT OF COMPLAINT** | | | |
| **Day/Date: Time:** | | | **Reported to:** |
| **Method of Reporting:** ☐ Phone Call ☐ In Person ☐ E-mail*(please print and attach)* | | | |
| **Name of person making complaint:** | | | |
| **Please list any employee(s) involved in complaint:** | | | |
| **Issue(s) related to complaint:**  ☐Communication ☐Absence/Tardiness ☐Company Policy ☐ Professionalism ☐Staff Performance  ☐Team Change ☐Report Delay ☐Clinical Error ☐Cancellation ☐ Administrative Error  ☐Other *(please specify):* | | | |
| **Description of Complaint** *(please attached additional pages as needed)* | | | |
| **FOR OFFICE USE ONLY** | | | |
| **2. REGISTRATION & ACKNOWLEDGEMENT** | | | |
| **Day/date/time Acknowledgement provided to client:** | | | **Acknowledgment sent by (name):** |
| **3. INVESTIGATION** | | | |
| **Level of Complaint:**  ☐Level 1 ☐Level 2 ☐Level 3 | | **Name of person(s) assigned to investigate:** | |
| **Investigation notes/comments** *(please attached additional pages as needed)* | | | |
| **4. ANALYSIS & RESOLUTION** | | | |
| **Analysis & Resolution notes/comments** *(please attached additional pages as needed)* | | | |
| **5. RESPONSE** | | | |
| **Day/date/time Official Response provided to client:** | | | **Response sent by (name):** |
| **6. FOLLOW-UP / PREVENTATIVE ACTION(S)** | | | |
| **Follow-up/Preventative Action(s) notes/comments** *(please attached additional pages as needed)* | | | |