



Formal Complaint/Grievance

Patient Name: _____ Date of Birth: _____

Date of the Incident: _____

Names of Individuals Involved (if applicable): _____

Witness/Staff Receiving the Complaint: _____

Nature of the Complaint:

A resolution that you believe is fair to resolve the complaint:

Staff Use Only

Date Received: _____

Steps Taken to Resolve the Complaint and Summary of Findings:

Resolution:

Staff Name and Title: _____

Staff Signature: _____ Date: _____

Patient Signature: _____ Date: _____