

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide your contact information for the Department**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How are you related to the patient?: \_\_\_\_\_

Do you wish to remain anonymous? (see above explanation)    No    Encrypted Email

**PATIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Future Date of Appointments: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Date of Discharge, if applicable (MM/DD/YYYY): \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COMPLAINT INFORMATION**

Have you filed a complaint with the facility?: Yes No

What happened?: \_\_\_\_\_

When (date and time) did the problem occur?: \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_ (military time)

Is the problem ongoing?: Yes No

Is the resident/patient still in the facility?: Yes No

How did it happen?: \_\_\_\_\_

Is anyone else involved, such as other staff, volunteers, family members, other patients or residents, visitors?: Yes No

If yes, identify individuals: \_\_\_\_\_

Are there any witnesses?: Yes No

If yes, identify individuals: \_\_\_\_\_

Have you taken any actions?: Yes No

If yes, describe actions taken: \_\_\_\_\_

Did you speak to the Financial Assistance Rep, Patient Experience Rep or any staff of the facility?: Yes No

If yes, identify individuals: \_\_\_\_\_

Are law enforcement agencies involved?: Yes No

Has the facility tried to address the situation?: Yes No

If yes, describe: \_\_\_\_\_

Do you know if this has happened before to the same individual, or to others?: Yes No

If yes, describe: \_\_\_\_\_

Please use the space below to provide any additional information that you feel is important to include in your complaint. Please limit this information to 10000 words.