[HealthCare Provider]

Complaint Form

The information MUST be completed to investigate your complaint, as we correspond via email. Incomplete forms CANNOT be processed.

# Healthcare provider information

| Complete Name |  | Profession |  |
| --- | --- | --- | --- |
| Department |  | License No. |  |

# Complainant information

|  |  |  |
| --- | --- | --- |
| Complete Name/ | Address | Contact Details |
|  |  |  |

# patient information

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address | | Contact Details | Your Relationship with Patient |
|  | |  |  |
| RElationship with patient |  | | |
| \*Please provide documentation indicating your appointment as the Legal Authority/Guardianship or Personal Representative  \*The department does not investigate complaints regarding the amount charged for a procedure, broken or missed appointments, customer service, bedside manner, rudeness, professionalism or personality conflicts. | | | |

# what is reason for your complaint? Tick appropriate

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Quality of Care * Misdiagnosis * Substance abuse * Advertising | | * Unlicensed * Abuse * Sexual contact * Insurance fraud | | | * Misfiled prescription * Impaired provider * Excessive test/treatment * Inappropriate prescribing | | * Patient abandonment/neglect * Failure to release patient records * Other | | |
| date of incident |  | If the incident involved criminal conduct contact local law enforcement; have you contacted local law enforcement? | | | | | Yes No | | |
| IF **YES** | Name of Contact |  | Date: |  | | Case No. |  | Agency No. |  |

# Who treated you after the incident

|  |  |  |  |
| --- | --- | --- | --- |
| Complete Name/ | | Address | Contact Details |
|  | |  |  |
| Notes/Actions |  | | |
| Provide a complete description of the complaint/report. Include facts, details, dates, locations, who, whom, when & where | | | |
|  | | | |
| Attach documents to support your complaint. | | | |

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

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

(Required to file complaint)

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