COMPLAINT AGAINST A HEALTH FACILITY/PROVIDER

Section 1 - Your Contact Information

Last Name _____ First Name _____ MI ____

Address _____

City _____ State ____ Zip Code _____

Phone Number (Home) _____ Phone Number (Work) _____

Email _____

Section 2 - Confidentiality

Do you wish to remain anonymous? ◯ Yes ◯ No

Section 3 - Residents/Patient/Clients

Last Name _____ First Name _____ MI ____

Relationship to the complainant _____

Resident still in the facility? ◯ Yes ◯ No

Section 4 - Complaint Against

Facility/Provider Name _____

Address _____

City _____ State ____ Zip Code _____

Section 5 - Your Complaint

Date of alleged event _____ Time of alleged event _____

What happened?

How did it happen?

Section 6 - Addition Information / Comment