

Patient / Visitor Complaint Investigation Report

**** Do not send this report to complainant or include in patients' medical record – attach copy of Patient / Visitor**

To: _____ Patient's MRUN: _____ None

Area: _____ Date Received: _____

From: _____

Area: _____

Subject: _____

Investigation / Resolution: Staff Behavior Waiting Time Financial
 Services Communication Physical Environment
 Access Prescription Privacy Rights
 Other

1. Who investigated? _____
2. How was complaint investigated? _____
3. What was the finding _____
4. Was there need for corrective action, if so what
(What was done to ensure this does not happen in
the future?) _____

ACTION

- Education / Case Review Date: _____
- Verbal Counseling Date: _____
- Written Counseling Date: _____
- Memorandum (Attached) Date Written: _____

Reviewer's Signature: _____ Date: _____

Telephone Number: () _____

The information contained in this document and any attachment is privileged and confidential under state law, including Evidence Code Section 1157 relating to medical professional peer review documents and Government Code Section 6254 relating to personnel records.

- DO NOT PLACE IN PATIENT'S HEALTH RECORD -

OFFICE USE ONLY:
Rec: #: