

## 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: #: