

Patient Complaint Investigation Form

Date of Complaint: _____

Name of Person with Complaint: _____

Name of Patient: _____ MR #: _____

Specific Complaint: ☐ Billing ☐ Staff Behavior ☐ Quality of Care-NSG
 ☐ Quality of Care-Physician ☐ Time / Delays
 ☐ Other

Comments: _____

Was this complaint Formal / Informal (formal = letter or phone call to administration)
Y/N: _____

Investigation:

- Referred to: _____
- Findings: _____

- Follow-up: _____

Signature _____ Date _____

Letter Sent By _____ Date _____

Please return completed form to CATC Health Center Manager, Mashari Thomas, masharithomas@careatc.com.