

Staff Complaint Record

-Do not copy or release this record without written administrative approval-

Complainant's Name:	
Client's Name (If applicable):	DOB: Services Received: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> SW <input type="checkbox"/> Other
Who or what is complaint about?	Type: <input type="checkbox"/> Performance <input type="checkbox"/> Scheduling <input type="checkbox"/> Coordination of Care Other:
Reporting Date:	Agency notified by: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax/Letter <input type="checkbox"/> Other
Problem <i>(Write brief objective description of complaint)</i>	
Occurrence date(s):	
Who was directly involved?	
List other individuals present:	
What happened?	
Complainant's requested action:	
<i>Continue on other side or attach additional page if necessary.</i>	
Other person's contacted by complainant:	Documentation to Review: Call log(s) dated: Patient Note(s) dated: Other:
<i>Name of person taking report:</i>	
Routing: Pt. related: Staff>CM>QA>Supervisor>QA ■ Non-pt. related: Staff>QA>Supervisor>QA ■ Fraud: Staff>Finance Director>QA	
Does complaint appear to meet description of abuse, neglect, or exploitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Forward to QA immediately)
Does complaint appear to involve faulty equipment or supplies?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Forward to QA immediately)
Does complaint appear to meet the description for sexual harassment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Forward to HR immediately)
Internal forwarding:	
To: <input type="checkbox"/> Director of Nursing <input type="checkbox"/> QA <input type="checkbox"/> Admin <input type="checkbox"/> Supervisor <input type="checkbox"/> HR <input type="checkbox"/> Other	
Dates: / / / / / / / / / / / /	
Director(s) external forwarding: <input type="checkbox"/> None	
To: <input type="checkbox"/> Practice Board <input type="checkbox"/> DADS <input type="checkbox"/> DFPS <input type="checkbox"/> FDA <input type="checkbox"/> OSHA <input type="checkbox"/> Other	
Dates: / / / / / / / / / / / /	
Date: / / Investigation conducted by:	
Report Reference #s: Agency _____/# _____ Agency _____/# _____	
Agency _____/# _____	<i>Attach investigation record(s)</i>
Follow up action(s) taken: (To be completed by last staff person resolving final issues)	
Date: / / by named Staff Member:	
Date: / / by Supervisor:	
Date: / / by _____	
Date: / / by _____	
<input type="checkbox"/> Original complainant updated: / / by _____ Mode: _____	
Complaint resolved and officially closed: Date: / / by QA	<i>Signature</i>

