



COMPLAINT REPORT

Reporter's Name: _____ Department: _____

Facility: _____

City: _____, State: _____

Check Above Box is this is an urgent issue needing attention within 24 hours.

Other involved Party's Name: _____ Department: _____

Date of Incident: _____ Time of Incident: _____

Location of incident (within facility): _____

Please list all others who may be involved in the incident: _____

Was an agency / hospital / incident report completed? (circle one) Yes No

Please document a **DETAILED** report of the complaint -use additional space/paper if necessary):
