



Category: Quality Management Subject: Grievance/Incident Form

Effective: 4/25/2016

GRIEVANCE / INCIDENT FORM

The purpose of this form is to capture both patient and employee grievances and incidents. The center has an open policy concerning patient and employee grievances, and upon request, will assist any person filing a written grievance so the matter may be investigated and appropriately addressed. This confidential report is not part of any patient record and is for quality management, data analysis and loss control purposes. This form is also used to resolve employee grievances fairly and effectively in a timely manner. Refer to HR-014 for proper use of this form.

	SECTION I – Who is filing this report	
ull name of person filing report	Department (If an emp	Date and time of report
☐ Patient ☐ Visitor ☐ Employee ☐ Other:		
SEC	TION II – Grievance or Incident Information	
ull name of person involved in the grievance or incide	ent Date of Birth (MM/DD	☐ Male ☐ Female
		·
rell Phone Home Phone	Other Phone	Family member/Guardian F
ddress (Street, City, State, Zip)		
Vhy were you at COFMC at the time of the incident o	r grievance?	
	FION III – Narrative of Grievance or Incident	
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SEC	FION III – Narrative of Grievance or Incident	
SECTIPE SECTION SECTIO	TION III – Narrative of Grievance or Incident nere? and How? (Please PRINT legibly)	Date and Time received

GRIEVANCE/INCIDENT TRACKING LOG				
Additional information regarding the grievance/incider	nt (if any):			
Investigation Present and Date.				
Investigation Process and Date:				
Investigation Resolution and Date:				
Communication with person submitting form and Date	: :			
Investigator Signature	Printed Name and Title	Date		
NOTE: For use of this form see QM-002				
MOTELLION USE OF MISS JOHN SEE QIVITOUZ				
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