

Appendix



Complaint/Unusual Occurrence Report

Report Date:	Incident Date:	Person Reporting Complaint:	
Patient Name:		Follow Up Phone Number:	
Incident Narrative:			
Complaint Investiga	ation Notes:		
Complaint investige	stion Notes.		
Action Taken:		Letter to:	
Closing Notes:			

January 2019 Page 1 of 1