

## Complaint/Unusual Occurrence Report

Report Date: \_\_\_\_\_ Incident Date: \_\_\_\_\_ Person Reporting Complaint: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Follow Up Phone Number: \_\_\_\_\_

Incident Narrative:

Complaint Investigation Notes:

Action Taken: \_\_\_\_\_ Letter to: \_\_\_\_\_

Closing Notes: