

COMPLAINT TRACKING FORM

Date of Complaint _____ Complainant's name or File # _____

Primary investigator's name: _____

Members of investigative team:

Type of complaint if not HIPAA related:

The complaint was referred to _____ on ____/____/____.

Documents reviewed:

Witnesses/workforce members Interviewed:

Harmful effects verified:

Action taken to mitigate harmful effects:

Internal use

Summary of Findings:

Proposed resolution:

Resolution approved by: _____

Date ____/____/____

ADDITIONAL COMMENTS:

Date Resolved: _____ Date Complainant Notified of Resolution: _____