Weisman Children's Rehabilitation Hospital
Grievance/Complaint Report

INSTRUCTIONS:
Patients, their parents/guardians, interested family members or advocates may file a grievance or complaint with the Administrator or Designee without fear of threat of reprisal of any form. Please fill out, date and sign this report and submit it to the Compliance Officer. An oral and written report of the facility's findings will be provided within ten (10) working days of the date of this report.

Name of Patient: _____ Room #:_____
Date:_____

Name of person filing the grievance/complaint:_____
Relationship: □ Patient
□ Family Member □ Advocate

Date the Incident Occurred: _____ Time: _____

Describe the nature of the grievance/complaint (be specific). Use the reverse side of this form if additional space needed. _____

_____

_____

If other persons involved, name them:

Name:	Employee	Patient	Visitor
_____	□	□	□
_____	□	□	□
_____	□	□	□

If there were witnesses, name them:

Name:			
_____	□	□	□
_____	□	□	□
_____	□	□	□

What actions or recommendations do your feel need to be taken?

_____
_____

_____ _____
Date Signature (person filing grievance/complaint)

For Office Use Only

Date Received: _____ Received by: _____
Title: _____

Attach supportive documents to this report including documentation of findings.