

DEPARTMENTAL USE:

Date Received: _____

Received by: _____
(Please Print)

Title: _____

FOLLOW-UP:
Remain with: _____

ISIGHT#:
Service Area: _____

Resolution: _____

By: _____ Date: _____

OR REFERRAL

ROUTING

By: _____ Date: _____

To (Name): _____ Department: _____

ISight #: _____

Resolution: _____

By: _____ Date: _____

References: HCPC Patient Complaint/Compliment Policy

Related standard:

The Joint Commission : Ethics, Rights, and Responsibilities