SUBJECT: COMPLAINTS AND GRIEVANCES - PATIENT/FAMILY

ATTACHMENT A

TCRHCC COMPLAINT/SUGGESTION TRACKING FORM

| DATE: | | | | CODE No. |
|---|-------------------|-----------------------|------------------------|--------------------------|
| COMMENTATOR'S DATA (for response and additional information/suggestion) | | | | |
| NAME: | | | | |
| ADDRESS: | | | | |
| | | | | |
| PHONE NO: | () | | | |
| NATURE OF (check one box): COMPLAINT: SUGGESTION: | | | | |
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| SIGNATURE: | | | | |
| | onse to commentat | tor: (Note to Patient | – Do Not Fill Out Info | rmation Below this Line) |
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| Referred to: | | Date: | F/U Date: | Closing Date: |
| | | | | |
| ROUTE COMPLETED INFORMATION TO: Risk Manager, 928-283-2686 OR Administration, 928-283-2784. | | | | |