Patient Grievance Log

Complaint Received From: ________________________________________________

Date Complaint Received: _____________ Date Written Response Sent: ______

Alleged Violation: ______________________________________________________

Alleged Violating Party: _______________________________________________

Investigation Performed By: ____________________________________________

Investigation Results: ________________________________________________

Actions (if any) Taken Against Violating Party: __________________________

Reviewed by Compliance Committee Date: ______________________________

Recommended Performance Improvement Opportunities: ____________________

Date Case Closed: ________________

Complaint Received From: ________________________________________________

Date Complaint Received: _____________ Date Written Response Sent: ______

Alleged Violation: ______________________________________________________

Alleged Violating Party: _______________________________________________

Investigation Performed By: ____________________________________________

Investigation Results: ________________________________________________

Actions (if any) Taken Against Violating Party: __________________________

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Recommended Performance Improvement Opportunities: ____________________

Date Case Closed: ________________