



UMPQUA HEALTH

NEWTON CREEK

3031 NE Stephens Street
Roseburg OR 97470
Phone: 541-229-7038
Fax: 541-464-4474

RECORD OF COMPLAINT FORM

Today's Date: _____ Form Completed by: _____

Date of Incident: _____

Complaint from: Patient Employee Other: _____

Patient Name: _____ Patient DOB: _____

Relationship to patient (if other is checked): _____

Description of Issue:

Issue referred to: _____ Date: _____

Resolution of Issue:

Reviewed with Medical Director Reviewed with _____

Complainant contacted? Phone In Writing / Complainant satisfied? Yes No Unknown

Action taken: