

**RECORD OF COMPLAINT
(PROFESSIONAL CONDUCT OR CLINICAL COMPETENCE)**

MEDICAL STAFF MEMBER NAME _____

DEPARTMENT _____

REPORTING INDIVIDUAL NAME _____ POSITION _____

DATE(S) OF INCIDENT(S) _____

WHAT WAS THE COMPLAINT / CONCERN?

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Clinical Competence

☐

Professionalism / Professional conduct

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Discrimination / Harassment (Requires referral to OIE)

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Other _____

BRIEF STATEMENT OF FACTS:

BRIEF STATEMENT OF ACTIONS TAKEN:

OUTCOME:

☐

RESOLVED AND LETTER TO MEMBER WITH COPY TO MSS

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REFERRAL TO CHIEF MEDICAL OFFICER AND LETTER TO MEMBER WITH COPY TO MSS

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REFERRAL TO MEDICAL EXECUTIVE COMMITTEE