

HILLSBORO CLINIC

Excellence in Primary Care



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GRIEVANCE AND COMPLAINTS RECORD FORM

PART A: RECORD OF COMPLAINT

Date of complaint: ____ / ____ / ____

Details of person raising complaint:

Name: _____ Phone: _____

Address: _____ Email: _____

Details of advocate (if applicable):

Name: _____ Phone: _____

Address: _____ Email: _____

Details of staff or committee member taking complaint:

Name: _____ Phone: _____

Address: _____ Email: _____

Nature of the grievance/complaint:

Date(s) occurred: _____

Other parties involved: _____

Details: _____

Details of actions to date to address the concern: _____

Desired outcome of process: _____

Signed: _____
(person making complaint)

Signed: _____
(person receiving complaint)

Date coordinator informed: ____ / ____ / ____ by _____

Date management committee informed ____ / ____ / ____ by _____

PART B: RECORD OF COMPLAINT RESOLUTION

Actions to be taken:

Details of Task	Who is responsible?	By when?	Completed?

