

**JEWISH TRADITION HOME CARE
COMPLAINT FORM**

Jewish Tradition Home Care gives prompt, considerate attention to all complaints from patients and families. In order that your complaint may receive proper attention and follow-up, the following procedure is recommended:

1. Contact Agency Nursing Supervisor immediately if a problem arises and give details of complaint.
2. Complete this form and send to Agency. (This form is necessary to meet documentation and follow-up requirements.) You will be advised of action taken.
3. All information will be handled in a confidential manner. However, this information will become part of a permanent complaint record and possible part of employee personnel file.
4. If Nursing Supervisor is unable to resolve problem, the Director of Nursing will be advised.
5. The Director of Nursing will then contact the patient/family by phone and schedule a meeting if appropriate.
6. If problem remains unresolved it will be reviewed with the Administrator for recommendations and resolution.

Date: _____ Time: _____

Nature of Complaint: _____

Person (s) Involved: _____

Location: _____

Signature: _____

ADMINISTRATIVE USE ONLY

Person Conducting Investigation/Date: _____

Findings: _____

Action(s) Taken: _____

Letter to Person Making Complaint: _____

Conference Held: _____

Signature: _____

Administrative Review:

Recommendations for further action: Date: _____ Signature: _____