

Patient Complaint Incident Report Template

Patient Information

Name

Patient ID / MRN

Date of Birth

Contact Information

Incident Details

Date of Incident

Time of Incident

Location

Reported By

Role/Relationship to Patient

Complaint Description

Describe the nature of the complaint or incident

Actions Taken

Immediate actions taken (if any)

Personnel Notified

Outcome / Follow Up

Planned or completed follow-up

Prepared By (Name & Signature)

Date