

# 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