

CONSUMER CONCERN FORM

1. Name of Individual Filing Concern: _____
2. If Filing on Behalf of a Consumer, Name of Consumer: _____
3. Relationship to Consumer: _____
4. Location where Incident occurred, if known: _____
5. Date & Time of Incident: _____

6. Names of Individuals involved, if known:	7. Name of staff involved, if known:

8. Nature of Concern (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Accessibility/Reasonable Accommodations
<input type="checkbox"/> Access to Medical Records
<input type="checkbox"/> Treatment Provided | <input type="checkbox"/> Confidentiality
<input type="checkbox"/> Customer Relations
<input type="checkbox"/> Other (<i>please explain below</i>) |
|---|---|

9. Please provide a detailed explanation of the circumstances and events surrounding your Concern to assist us in our investigation (**attach additional sheets if necessary**):

10. Please allow thirty (30) days for the Company to complete their investigation after which a response will be provided by the preferred method of communication you choose below:

- By phone at: (____) _____
- By email at: _____
- By U.S. Mail to the following address: _____
- Special instructions for contact (*please list*): _____
- Do not contact me.

11. Person filing Concern:

Signature *Print Name* *Date*

12. Staff Member Receiving Concern:

Signature *Print Name* *Date*

FOR OFFICE USE ONLY

RECEIPT OF CONSUMER CONCERN

- 1. Date received by OCA/Privacy Office:

- 2. Received by:

INVESTIGATOR

- Investigation assigned to...*
- 3. Name: _____
- 4. Department: _____
- 5. Date report forwarded: _____

INITIAL CONSUMER CONTACT

- 6. Contact Date: _____
- 7. Contacted by: _____
- 8. Method of Contact:
 - Telephone Mail E-mail
 - Other:

CONSUMER RESOLUTION NOTICE

- 9. Date Investigation Completed:

- 10. Date Consumer Notified:

- 11. Contacted by: _____
- 12. Method of Contact:
 - Telephone Mail E-mail
 - Other:
