



# Client Concern Form

<b>Today's date</b>	<b>Client name</b>	<b>D.O.B</b>
<b>Telephone #</b>	<b>Date of Occurrence</b>	<b>Med Rec#</b>
<b>Details of Concern:</b>		
<b>Client Signature (if applicable):</b>		
<b>Signature of Staff Member Receiving Concern:</b>		
<b>Date Received:</b>	<b>Time Received:</b>	

*For Administration Only*

<b>Div QI Coord to Highlight/Select: Grievance or Complaint</b>
<b>Investigation Details (date, time, objective details of incident by involved employee, etc.)</b>
<b>Resolution (date, time, details, etc.)</b>
<b>Notification of client or client's representative (name, date, time, etc.)</b>
<b>Client or Client's Representative's Response:</b>
<b>Supervisor Signature</b>
<b>Date</b>

**Forward to:**  
**Division Quality Improvement Coordinator**  
**Oneida Community Health Center**  
**mdrew@oneidanation.org**