

**COMPLAINT/PRAISE FORM  
CLIENT PERCEPTION OF CARE REPORT**

Positive communication                       Negative communication

Client/Patient Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient's Medicare or Health Insurance Claim Number: \_\_\_\_\_

Person reporting this complaint/praise (if other than client): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ HIPAA release on file    Y    N

Communication source:  telephone call             letter             other: \_\_\_\_\_

Describe complaint/praise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff who received communication: \_\_\_\_\_ Title: \_\_\_\_\_

Date complaint/praise received: \_\_\_\_\_ Date issue occurred: \_\_\_\_\_

Issue category:  HME             O/P

- |   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Delivery or/fitting service                | <input type="checkbox"/> Billing | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Equipment                                  | <input type="checkbox"/> Other   | <input type="checkbox"/> Hospice   |
| <input type="checkbox"/> HIPAA      If HIPAA-entered into HIPAA log | <input type="checkbox"/>         |                                    |

- 
- Complaint logged on complaint log.  
 Complaint referred for investigation-see investigation report.

**Section below for company use only**

Investigation:  YES  NO \*\*

Name of person making decision to investigate: \_\_\_\_\_

Staff assigned to investigate and follow-up: \_\_\_\_\_

Title: \_\_\_\_\_

Investigative Action(s) Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further action needed: \_\_\_\_\_

\_\_\_\_\_

Resolved?  YES  NO

Within 5 days?  YES  NO

Within 48 hours days?  YES  NO

Within 14 days in writing?  YES  NO

Letter to patient sent on \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**\*\*Reason no investigation conducted:**

The problem was resolved at time of report

Patient satisfied with services/equipment provided

There was a miscommunication and the matter has been satisfactorily clarified

Other: \_\_\_\_\_