MINISTRY OF HEALTH & ENVIRONMENT
STANDARDS AND REGULATION DIVISION
INVESTIGATION AND ENFORCEMENT
CLIENT COMPLAINT FORM

Introduction: All section on this form must be completed and submitted to the Health Facility's Medical Records Department OR the above Department

A. Date_____ Time: _____

Name of Complainant: _____

Patient ( ) Visitor ( ) Employee ( ) Other ( )

Telephone No.: Home) _____ _____ Work_____ Mobile _____

Address:

_____

_____

B. Complaint Classification:

Critical ( ) Major ( ) Minor ( )

Detail s of Complaint:

_____

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Complaint received by:

_____ _____ _____

Name **Signature** **Date**

Complaint acknowledge by:

_____ _____ _____

Name **Signature** **Date**