



Independent Healthcare Staffing, Inc

~ Of Nurses, For Nurses, By Nurses ~

COMPLAINT REPORT

Revised 02/2007

Reporter's Name: _____ Department: _____

Hospital: _____

City: _____, State: _____

<input type="checkbox"/>	Check Above Box is this is an urgent issue needing attention within 24 hours.
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Other involved Party's Name: _____ Department: _____

Date of Incident: _____ Time of Incident: _____

Location of incident (within facility): _____

Please list all others who may be involved in the incident: _____

Was an agency / hospital / incident report completed? (circle one) Yes No

Please document a **DETAILED** report of the complaint -use additional space/paper if necessary):
