

# 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(s) of staff involved (if known) \_\_\_\_\_


- 8. Nature of Concern (*mark all that apply*)
 

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

- 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 e-mail 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 receiving concern: \_\_\_\_\_  
*Signature*
*Print Name*
*Date*

**FOR OFFICE USE ONLY**

**RECEIPT OF CONSUMER CONCERN**

Date received by the Office of Consumer Affairs/Privacy Office:  
\_\_\_\_\_

**INVESTIGATOR**

Investigation assigned to:  
Name: \_\_\_\_\_  
Dept. \_\_\_\_\_  
Date report forwarded \_\_\_\_\_

**INITIAL CONSUMER CONTACT**

Contact date: \_\_\_\_\_  
Contacted by: \_\_\_\_\_  
Method of contact:  
 Telephone  Mail  Other  E-Mail/Date  
\_\_\_\_\_

**CONSUMER RESOLUTION NOTICE**

Date Investigation Completed: \_\_\_\_\_  
Date Consumer notified: \_\_\_\_\_  
Contacted by: \_\_\_\_\_  
Method of contact:  
 Telephone  Mail  Other  E-Mail/Date  
\_\_\_\_\_

**INVESTIGATION SUMMARY**

Document in detail all steps taken and information gathered to resolve the issue. Include dates, times, names and any other relevant information. You may attach documentation.

**CONCLUSION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigation completed by: \_\_\_\_\_  
*Signature Title/Position Date Signed*

**RETURN TO OFFICE OF CONSUMER AFFAIRS UPON COMPLETION OF INVESTIGATION**