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 of staff involved, if known:

8. Nature of Concern *(check all that apply)*:

- ❑ Accessibility/Reasonable Accommodations
- ❑ Access to Medical Records
- ❑ Treatment Provided
- ❑ Confidentiality
- ❑ Customer Relations
- ❑ Other *(please explain below)*

_____
_____

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 email at: _____
- ❑ By U.S. Mail to the following address: _____
- ❑ Special instructions for contact *(please list)*: _____
- ❑ Do not contact me.

(Continue on next page)

11. Person filing Concern:

_____

Signature ***Print Name*** ***Date***

12. Staff Member Receiving Concern:

_____

Signature ***Print Name*** ***Date***

FOR OFFICE USE ONLY

RECEIPT OF CONSUMER CONCERN

1. Date received by OCA/Privacy Office:

_____

2. Received by:

_____

INVESTIGATOR

Investigation assigned to…

3. Name: _____

4. Department: _____

5. Date report forwarded: _____

INITIAL CONSUMER CONTACT

6. Contact Date: _____

7. Contacted by: _____

8. Method of Contact:

❑ Telephone ❑ Mail ❑ E-mail

❑ Other:

_____

CONSUMER RESOLUTION NOTICE

9. Date Investigation Completed:

_____

10. Date Consumer Notified:

_____

11. Contacted by: _____

12. Method of Contact:

❑ Telephone ❑ Mail ❑ E-mail

❑ Other:

_____

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 ***Print Name*** ***Date***

RETURN TO OFFICE OF CONSUMER AFFAIRS UPON COMPLETION OF INVESTIGATION