

Humane Home Care  
3235 KENSINGTON AVENUE  
Philadelphia, PA 19134 Office: (215) 203-1955

## PATIENT COMPLAINT FORM

Complaint reported by: \_\_\_\_\_ Relationship \_\_\_\_\_

Date occurred \_\_\_\_\_ Date reported \_\_\_\_\_

Client Involved \_\_\_\_\_ Employee \_\_\_\_\_

**Statement of Complaint:**

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Received by \_\_\_\_\_ Date \_\_\_\_\_

**Action Taken:**

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**Comments:**

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Was complainant satisfied with resolution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supporting documentation attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Does the Administrator agree with the resolution? \_\_\_\_\_ Date resolved \_\_\_\_\_

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Signature of Administrator or Designee: \_\_\_\_\_ Date: \_\_\_\_\_