



Facility: _____

Date of Incident: _____

Name Filing Complaint: _____

Title: _____

HCP Name: _____

Title: _____

Complaint Type: _____

Result of Complaint: _____

Sub Detail for Professionalism: _____

Facility Written Statement (Additional space provided on 2nd page):

Communication Between GrapeTree and HCP (Additional space provided on 2nd page):

GrapeTree Employee Handling: _____

Date of Resolution: _____

Continued:

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Employee Handling Complaint Initials: