

**COMPLAINT INVESTIGATION STEP FORM**

Date \_\_\_\_\_

Person with issue \_\_\_\_\_

Call # \_\_\_\_\_

Phone # \_\_\_\_\_

Department \_\_\_\_\_

**ISSUE DISCUSSED**

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**ACTION TAKEN:**

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**FINDINGS/RESOLUTION:**

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Report Made By: \_\_\_\_\_

Date: \_\_\_\_\_

## **INVESTIGATION**

Document each step showing the date and a brief description of the step taken.

- Discussion with complainant
- Discussion with involved patient/insured person
- Discussion with involved staff person

Review all relevant documents

Review all applicable laws and regulations

Where complaint suggests a threat to life or property, financial loss to EBCI or affiliated entity of \$5,000 or more, or potential violation of law, contact upper management or legal counsel as appropriate.