

OREGON STATE HOSPITAL COMMUNITY COMPLAINT FORM

COMPLAINT INFORMATION		
Check campus and complaint issue		
<input type="checkbox"/> SALEM CAMPUS	<input type="checkbox"/> JUNCTION CITY CAMPUS	
<input type="checkbox"/> Patient care	<input type="checkbox"/> Staff Interaction	
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Policy or Procedure	
<input type="checkbox"/> Visitation		
<input type="checkbox"/> Other (Please specify):		
Please provide the following		
Please print		
Date:		
First Name:	Last Name:	
Check and provide your preferred method of contact		
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Home Phone:	
<input type="checkbox"/> Email Address:		
Mailing address		
Street/PO Box:	City/State:	Zip:
If this is in reference to a patient, please provide the following		
Patient Name:	Unit:	
Please describe your complaint		
When possible include the date, location, name of staff involved, and any other details that will help us investigate the incident.		

