BestHomeCare℠
YOU ARE FAMILY HERE
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Complaint Intake and Investigation Form

Date received		**Intake person**	
Type of complaint (what happened)			

Investigation

Date investigated	
Investigator	
Investigation results	
Date of resolution	
Resolution of complaint	
Date of resolution to recipient	

Notes: (Facts, results of investigation, and resolution of complaint including any quality improvement changes, discipline, or instruction)(Attach additional sheets if necessary).