**National Institute for Health Specialties**

 **Complaints form**

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| 1. **GENERAL INFORMATION**
 |
| **1 Institution Information** |
| Entity name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Specialty program title | Click or tap here to enter text. |
| **2 Key contacts** |
| *Designated Institutional Officer person* |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| 1. **COMPLAINT DETAILS**
 |
| Date and time of Incident: | Click or tap here to enter text. |
| Location of Incident: | Click or tap here to enter text. |
| Describe the incident in detail: |
| Click or tap here to enter text. |

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| Do you have any suggestions for resolving the complaint? If so, please explain. |
| Click or tap here to enter text. |
| Do you have any additional information or complaints? If so, please explain |
| Click or tap here to enter text. |
| 1. **EVIDENCE TO SUPPORT YOUR COMPLAINT REQUEST**
 |
| List all the documents to support the complaint and attach them to the request: |
| Click or tap here to enter text. |
| 1. **SIGNATURE OF DIO**
 |
| To be completed by the Designated Institutional Official of entity applying for Complaint Request  |
| DIO Signature |  |
| Date | Click or tap here to enter text. |