

C. FOR OFFICIAL USE ONLY

Case No.: - - -

Method of Transmission:

Telephone E-mail BPO Letter Office Visit/ Face to Face
 e-form Social Media Referral from MOHW Media Report
 Fax Other (specify)

Type of feedback:

Complaint Gen. Assist. Suggestion/Recommendation
 Compliment Other (specify)

Feedback Classification:

Clinical Non-clinical
 Litigious Non-litigious Potentially Litigious

Main Category:

Access Communication Decision Making
 Costs Rights, Respect and Dignity Grievances Corporate Services
 Professional Conduct Quality of Clinical Care Other

Sub Category:

Status of Case:

Received Date _____ Acknowledged Date _____
 Investigation started Date _____ Referred Date: _____
 Submitted for review Date _____ Escalated for Further Mgnt. Date: _____
 Withdrawn Date _____ Closed/ Resolved Date _____

Case Outcome Upheld Not Upheld Partially Upheld Undecided

Standard Care/ Procedure Followed Substandard Care/ Procedure breached Undecided

Client Status: Satisfied Dissatisfied Undecided

Cause Identification

Root Cause _____

Causal Factors _____

Corrective Action Required (Please indicate any action required to remedy the situation and to prevent a recurrence of the issue)

Completed by:

Name: _____

Date:

Day Month Year

