

NWF Health Network

COMPLAINT RESOLUTION FORM INITIAL WRITTEN STATEMENT

Name (Print): _____

Date: _____

Department: _____

Supervisor's Name: _____

Telephone: _____

SUMMARY OF PROBLEM

Please summarize your problem (e.g., what is your concern, who is involved, etc.), including when it first came to your attention. If you need additional space, you may attach an additional sheet. Please be as *factual, brief and specific* as possible.

SUMMARY OF PROPOSAL TO RESOLVE PROBLEM

Please summarize your proposal for resolving the problem:

Employee Signature