

# Patient Complaints Indicators

Human Services



Peoplefirst

Q1

## Public Hospital Quarterly Return

This form should be used to report data relating to all complaints received by public hospitals from consumers/complainants. This form should be completed at the end of each quarter and forwarded within 14 days to the Department of Human Services.

**Refer to the Agency Information Management System Manual for instructions on completing this form.**

<b>Hospital:</b>			
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Date Element		No. of Complaints	
1	Complaints open at the start of the quarter		
2	Complaints received during the quarter		
3	Complaints that were closed by the hospital during the quarter		
4	Of total complaints closed, the number closed within 30 days		
5	Complaints that were externally referred during the quarter		
6	Date (month and year) of last submission of complaints data to the Office of the Health Services Commissioner.	Month	Year
Signed (Chief Executive Officer):		Date:	