

CONFIDENTIAL

Patient Complaint: Referred for potential clinical quality of care concern

<u>Member Name</u> ____& <u>ID#</u>	
<u>Date of Occurrence</u>	
<u>Provider Name</u>	
<u>Facility Name</u>	
Complaint Received by CHP Customer Service (or: specify other dept. _____) Department Date: _____ Case referred by Customer Service to Peer Review Support: Clinical Practices Consultant (CPC) for follow-up: Date: _____	Summary of Complaint:
CHP : Peer Review Support : CPC/RN Quality Review	
Conclusion	

