

Complaint Resolution/Incident Report Record

Clients Name (or Name of Person Involved in Incident):		W/O #:	
NSM Employee Taking Initial Report:		Date/Time:	
Payer Name:		HICN/Policy Number:	
Person to contact (if other than client or person involved in incident):		Contact/Client telephone:	
Client/Person Involved in Incident/Contact E-mail:		Contact/Client address:	

Summary of complaint/incident: (Include what, when, where and who was involved. Did client or person involved in incident receive medical treatment – If so where? By whom?)

Complaint/incident resolution by Branch Manager or RPC Manager: (Include what, when and by whom complaint/incident was/will be resolved)

NAME of Branch or RPC Manager:	
Is home office assistance requested? Circle one: yes no If yes, what action needs to be taken?	

Complaint/incident resolution by Corporate Compliance Officer: (Include what, when and by whom complaint/incident was/will be resolved)

Attach additional sheets for narratives or additional documentation as required