

Complaint Notification Form

Please complete and send to notify@aaahc.org

Date Submitted

Your complaint will be handled confidentially and while you will receive notification of receipt, the investigation outcomes will not be released due to privacy regulations. Complaints related to billing or insurance issues are not within AAAHC standards, nor are any labor disputes.

Select All Changes That Apply

Today's Date		Received From	
Complainant Information (Optional)		Facility Information (Required)	
Name		Name of Facility	
Filed by		Facility Type	
Address		Address	
City		City	
State		State	
Postal Code		Postal Code	
Phone Number		Phone Number	

Date of Incident		Other Actions	
Location		List Other	
Desired Outcome			

Click to Submit

Provide a Brief Narrative:

Include how and why the alleged incident occurred and the individuals involved.

This section is limited to 600 Words; continue narrative on next page or attach additional documents, if necessary.



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OFFICE USE ONLY

Date Received		Org ID	
Date of Triage		Triage Level	
MDS Status		Action	

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