

Instructions: Complete this form if you have concerns about the health care or treatment that you or a family member received or did not receive. Answer all questions. Give complete details. Use additional sheets if necessary. You may use this form as a guide when making a complaint by telephone. We will investigate your concerns based on the information that you provide. ***You may file an anonymous complaint.***

Complete the following questions.

I. Name of patient/resident/client involved in the incident: _____

Sex: Male Female Age: _____

II. Health care facility, residence, or community treatment program involved in the incident:

Name: Black Pine Holistic Healing, medical office

Address: 1800 NW Market St, Ste 200, Seattle, WA 98107

III. Witnesses to the incident:

Name Contact information, if known (include telephone number)

IV. Person filing complaint or reporting incident (optional). Note: If you would like a deficiency report that may result from our investigation, please complete this section.

Name: _____ Relationship: _____

Address: _____

Telephone: _____

May we reveal your identity during the investigation of your complaint? Yes No

V. Briefly describe the incident or your concerns (use additional paper if necessary):

Include dates and times, persons involved, and description of what happened. Include attachments, if appropriate. Note: If this is an anonymous report, be complete since we will not be able to contact you to obtain missing information.

VI. Have you reported this incident or concern to the person in charge of the facility, residence or program? Yes No

Address written complaints to Melissa Dana, Reiki Master/Teacher, EAMP, LAc and mail to:

Black Pine Holistic Healing

1800 NW Market St, Ste 200

Seattle, WA 98107

Should you have any questions about filling out this form, please contact Melissa directly at (206) 388-5881 or Melissa@blackpinehealing.com.