

**PVA Tri-State Chapter
Hospital Liaison Program**
600 N Water St NE . Silverton, OR 97381 . 503-362-7998 . tristatepva@tristatepva.org

VA HEALTH CARE COMPLAINT REPORT FORM

Complete this form if you have concerns about the health care or service or treatment that you or another veteran received or did not receive. Answer all questions. Give complete details. Use additional sheet, if necessary.

Complete the following questions.

1. Veteran/Patient Information

Name: _____

Address: _____

Last Four of Soc Sec: _____ Phone: _____

2. Health care facility involved in the complaint:

Seattle SCI Center Seattle VA Hospital Vancouver SCI Clinic Vancouver CRU

Portland VA Hospital

Community Based Outpatient Clinic (Clinic Name/Location): _____

Other: _____

3. Nature of complaint:

Substandard Care (i.e., Misdiagnosis, Negligent Treatment, Delay in Treatment, etc.)

Unprofessional Conduct (i.e., Breach of Confidence/Confidentiality, Record Alteration, Fraud, etc.)

Prescribing Issues (i.e., Prescriptions Improperly Refilled, Excessive/Under Prescribing)

Medical Equipment (i.e., Delay in Processing or Receiving Equipment Ordered, Equipment Ordered

Inappropriate or Wrong—(wheelchair backrest to high/low), Equipment Ordered Denied by

Prosthetics and etc.)

Facility Accessibility Issues: (i.e., Inappropriate Wheelchair Access etc.)

Other- Please Specify: _____

5. Person filing complaint or reporting incident if other than the veteran/patient.

Name: _____ Relationship: _____

Address: _____

Phone: _____

6. Have you reported this incident or concern this complaint is about to a PVA Service Officer and/or the person in charge of the facility/program/department responsible? Yes No

7. Briefly describe the incident or your concerns (use additional paper if necessary):
Include dates and times, persons involved including witnesses, and description of what happened.
Include attachments, if appropriate.

Signature: _____ Date: _____