COMPLAINT OF DISRUPTIVE CONDUCT

Name of the practitioner: ____________________________

Department: ____________________________

Date, time, and location of disruptive behavior:

Description of the questionable behavior:

Name and medical record of patient (if the behavior affected or involved a patient in any way):

Circumstances which led to the behavior:

Actions taken to remedy the situation, including date, time, place, action and name(s) of those intervening:

Consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations:

Contact information (leave blank if wish to remain anonymous):

Name ____________________________ Date ____________________________ Telephone Number ____________________________

Please submit to Regional Compliance Officer
Mail Stop 8165
806-743-3950

1.23.A, Complaint of Disruptive Conduct