

Osborn Drugs, Inc and Partner Locations  
Complaint/Incident Form

Date reported: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address for Mailing: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Medicare or claim #: \_\_\_\_\_

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Summary of the complaint or incident and the circumstances related to it (attach additional paper as needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Information gathered in the investigation of the complaint (attach additional paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review, evaluation, and analysis based on the investigation (attach paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed resolution (attach additional paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action (s) taken (attach additional paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome (attach additional paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communications with patient, employee, and/or employer (include date and time and summary of verbal communication, attach copies of letters or e-mails, and attach additional paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date