

## UCare Quality Complaint Reporting Form

UCare Provider #: \_\_\_\_\_

Clinic Contact: \_\_\_\_\_

Clinic Name (Group): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Qtr     2<sup>nd</sup> Qtr     3<sup>rd</sup> Qtr     4<sup>th</sup> Qtr

Date Rcvd	Occurrence Date	Mbr Name	DOB	Issues May Check More than One Issue per Complaint	Date of Resolution	Summary of Issues/ Resolutions
				<input type="checkbox"/> Access Issues <input type="checkbox"/> Communication/behavior <input type="checkbox"/> Coordination of care <input type="checkbox"/> Technical Competence <input type="checkbox"/> Facility/ environment concerns <input type="checkbox"/> Other Issues		<input type="checkbox"/> Written <input type="checkbox"/> Verbal <u>Brief Summary:</u>
				<input type="checkbox"/> Access Issues <input type="checkbox"/> Communication/behavior <input type="checkbox"/> Coordination of care <input type="checkbox"/> Technical Competence <input type="checkbox"/> Facility/ environment concerns <input type="checkbox"/> Other Issues		<input type="checkbox"/> Written <input type="checkbox"/> Verbal <u>Brief Summary:</u>
				<input type="checkbox"/> Access Issues <input type="checkbox"/> Communication/behavior <input type="checkbox"/> Coordination of care <input type="checkbox"/> Technical Competence <input type="checkbox"/> Facility /environment concerns <input type="checkbox"/> Other Issues		<input type="checkbox"/> Written <input type="checkbox"/> Verbal <u>Brief Summary:</u>
				<input type="checkbox"/> Access Issues <input type="checkbox"/> Communication/behavior <input type="checkbox"/> Coordination of care <input type="checkbox"/> Technical Competence <input type="checkbox"/> Facility/ environment concerns <input type="checkbox"/> Other Issues		<input type="checkbox"/> Written <input type="checkbox"/> Verbal <u>Brief Summary:</u>

Submit to UCare Quality Management within 30 days after each quarter-end. Fax: (612) 884-2021 or Toll Free 1-866-283-8015 Phone: (612) 676-3298 or Toll Free: 1-877-523-1517  
Mail to: Complaints, Appeals, and Grievances, UCare, PO Box 52, Minneapolis, Minnesota 55440-0052