

# ROW ONE Complaint Form

At Netcare, we strive to provide every individual with the highest level of service at all times. If this was not the case, or our service was not to your satisfaction, please details your concerns below.

Please be sure to provide us with your contact information in order to receive a response.

SECTION I: YOUR CONTACT INFORMATION	
Salutation [Mr./Mrs./Ms., etc.]:	
Name:	
Street Address:	
City, State, Zip code:	
Phone:	Email:
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> TDD/Relay <input type="checkbox"/> Voice <input type="checkbox"/> Other (specify):	
SECTION II: INCIDENT	
Date of Occurrence:	Time of Occurrence:
Name of Employee(s) <sup>1</sup> or Others Involved:	
Location of Incident:	
Mobility Aid Used (if any):	
<sup>1</sup> If above information is unknown, please provide other descriptive information to help identify the employee:	
Description of Incident:	
SECTION III: FOLLOW UP	
May we contact you if we need more details or information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the best way to reach you? (Choose One) <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail	
If a phone call is preferred, what is the best day and time to reach you?	
SECTION V: DESIRED RESPONSE (Choose One)*	
How would you like us to contact you? <input type="checkbox"/> Email response <input type="checkbox"/> Telephone response <input type="checkbox"/> US Mail	
Expected resolution or remedy:	

You may also contact Netcare’s Client Rights Officer either in person, by phone at (614) 274-9500 or by US Mail at 199 S. Central Ave. Columbus, OH 43223, Monday- Friday 9am-5pm.

