



COMPLAINT REPORT FORM

Your name: _____

Address: _____

Phone number: _____

Email address: _____

Do not fill out the above section if you wish to remain anonymous. Should you choose this option, you will not receive notice of the status or outcome of this case.

- Please check this box if you wish to have your name withheld from all persons involved in the review process including the midwife named below.

Date the incident occurred: _____

Your relationship to the mother and/or baby this incident involved:

Please describe the nature of your complaint:

Other information you feel is important:

You should receive a response to this complaint form within 14 working days from the time we receive it.

Please mail this form to:

MAWS QAQI Committee
PMB 2246
10002 Aurora Ave N #36
Seattle, WA 98133-9348