



MAWS Quality Management Program Complaint Form

Your name: _____

Address: _____

Phone number/email: _____

Name of midwife or midwives involved: _____

Date the incident occurred: _____

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

Please describe the nature of your complaint (feel free to use the back of this page):

The QMP monitors specific sentinel events. Was there a sentinel event involved? If so, please check the appropriate event:

- Maternal/Birthgiver mortality
- Perinatal mortality
- Shock
- Uterine rupture
- Uterine inversion
- Maternal/neonatal seizure
- NICU or special care nursery admissions within 72 hours of birth (except for observation/congenital anomalies)

Other information you feel is important:

Please fax this form to the QMP at: 206-691-8203

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (info@washingtonmidwives.org).

Thank you!

QMP Committee Members