



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:

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:

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

Thank you!

QMP Committee Members

QMP complaint form:

Revised 1/20/04, 9/2008, 9/2009, 1/2016, 11/2016, 10/2020