



## 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.

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 you send it to us.

Please mail this form to:

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