



**CATAWBA VALLEY  
HEALTH SYSTEM**

# Concern & Incident Reporting Form

**Instructions:**

Use this form to report any concern or incident involving compliance, integrity, quality, safety, or conduct. Please complete all sections thoroughly.

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**Name of Reporter:**

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**Position:**

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**Supervisor:**

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**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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☒ **Type of Concern** (check all that apply):

☐ Patient Complaint/Concern

☐ Employee Complaint/Concern

☐ Patient Fall/Injury

☐ Employee Fall/Injury

☐ Patient Safety

☐ Other: \_\_\_\_\_

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**Individuals Involved:**

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**Detailed Description of the Incident or Concern:**

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**Was this reported to anyone immediately? If so, who:**

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**Actions Taken (if any):**

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**Additional Comments:**

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**Signature of Reporter:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## Management Use Only

### Investigation Details:

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### Corrective Action Taken:

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### Management Involved:

☐ Front Desk Manager

☐ COO/CEO

☐ Community Relations Director

☐ Clinical Manager

☐ Facilities Manager

### Name(s):

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**Date Resolved:** \_\_\_\_\_

### Reporting Employee:

☐ Notified of Resolution

☐ Counseled on No Retaliation Policy

### Other Involved Employee:

☐ Notified of Resolution

☐ Counseled on No Retaliation Policy

### Documentation:

☐ Occurrence Documented and Filed Internally

☐ Occurrence Documented and Filed in Employee File

**Report Completed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Notes: