Mammography Serious Complaints

FORM 28

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Responsible Person: _____ **Complaint Procedure Reference:** _____

Retain complaint and response records. Track investigation, resolution, and any required accreditation-body referral.

Received Date or Case Reference	Complaint or Concern	Investigation or Response	Resolution or Date	Accreditation-Body Referral or Report

Mammography Serious Complaints

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____