

**Lenawee County Medical Control Authority  
Bixby Hospital Emergency Department  
818 Riverside Ave.  
Adrian, MI 49221**

LCMCB Tracking #: \_\_\_\_\_

**ALLEGATION/COMPLAINT/AUDIT FORM**

I wish to file an **ALLEGATION/COMPLAINT/AUDIT** against the individual/entity named below. I am submitting this information so that it may be determined if remediation/education, disciplinary actions or licensing action should be considered for the individual or entity.

**Instructions:** Print legibly or type information. Complete all sections of this form and sign at the bottom. Submit this original form to BMC or HMM Medical Control representative or the address listed above and retain a copy for your records.

**“Patient, crew, and service identification are required for the audit to be conducted. Requests without sufficient identifying information will not be considered. All information is strictly confidential and legally protected”**

**Please Circle ALL that apply:**

**ALLEGATION**

**COMPLAINT**

**AUDIT**

**Nature of Incident:** \_\_\_\_\_

**Filed By:** \_\_\_\_\_  
Print Your Name (MANDATORY)  
(MANDATORY)

**Filed Against:** \_\_\_\_\_  
Print Name of individual/entity

**Hospital of Complaint Origin:** \_\_\_\_\_

**Entity of Complaint Origin:** \_\_\_\_\_

**Address of Complainant:** \_\_\_\_\_

**\*\*If ALLEGATION/COMPLAINT/AUDIT**

**originates at Hospital, just list Hospital for address.**

**Phone Number:** \_\_\_\_\_

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

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

Description of Complaint (Please describe the incident, circumstances, conduct and/or behavior that you believe may be a violation) Attach additional sheets, if needed. Retain a copy of all correspondence for your records.


This is a Confidential Professional Peer Review and Quality Assurance Document of the Medical Control Authority. It is protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21513, MCL 333.21515, MCL 331.531, MCL 331.532, MCL 331.533 and other State and Federal laws.  
Unauthorized disclosure or duplication is absolutely prohibited.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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