


Form for Reporting a Patient Safety Concern by Mail


Thank you for taking the time to share your patient safety concern or event regarding a Joint Commission accredited organization. We take any information about one of our accredited organizations seriously.

Please use this form to report a patient safety event or concern by mail. Please be aware that The Joint Commission does not evaluate the care of an individual, or whether that care was appropriate. Instead, our evaluation focuses on processes that are required within our standards. We encourage you to contact the organization directly for resolution. Issues related to billing, insurance or labor disputes are not within The Joint Commission Standards.


 <p>Location (where the concern or event occurred)</p>	<i>Organization Name (required)</i>		
	<i>Organization Street Address (required)</i>		
	<i>City (required)</i>	<i>State (required)</i>	<i>Zip Code (required)</i>

 <p>Your Information</p>	<p>You have the option to submit your safety concern or event anonymously or you may provide your personal information if you wish to know the status of your submission.</p> <p>Complete the information below if you would like The Joint Commission to notify you about the status of your safety concern or event.</p> <p>Your name/identity as the source will be kept confidential unless you allow us to share your name with the organization (see next section on page 2).</p>		
	<i>First Name</i>	<i>Middle Init</i>	<i>Last Name</i>
	<i>Email</i>		
	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

(Continue to next section)

 <p>Disclaimer/ Confidentiality Waiver</p>	<p>The Joint Commission is here to help organizations improve. We will use your report to better understand systems of care and guide improvement.</p> <p>We will review your report and determine how best to evaluate your concerns. This could include contacting the organization about your concern.</p> <p>Should we decide to contact the organization about your concern, please confirm whether you give The Joint Commission permission to:</p> <ul style="list-style-type: none"> ➤ <i>Release your name as the source of this concern and share a copy of the information you have sent to The Joint Commission with the organization.</i> 		
	<p>Please select one (required)</p> <p>Yes, I give The Joint Commission permission to share my name, as the source of information and share a copy of the information I have sent with the organization.</p> <ul style="list-style-type: none"> ➤ <i>If yes, please provide your name if it is not included in previous section:</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"><i>First Name:</i></td> <td style="width: 50%; padding: 5px;"><i>Last Name:</i></td> </tr> </table>	<i>First Name:</i>	<i>Last Name:</i>
	<i>First Name:</i>	<i>Last Name:</i>	
	<p>No, The Joint Commission may not share my name as source and a copy of the information may not be shared with the organization.</p>		
<p>*Disclaimer:</p> <ul style="list-style-type: none"> ▪ Permission to share may not result in an inquiry, but it will enable sharing your name as source and a copy of the information should The Joint Commission decide to write the organization about your concern. ▪ If confidentiality is not waived, we may still act on your reported safety concerns following our established processes for anonymous reporting. ▪ Please be aware that in line with our Public Information Policy, we cannot provide you with the organization’s response should an inquiry be pursued. 			

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 Description of Concern or Event	Date of Occurrence (required)			
	<i>Month:</i>	<i>Day:</i>	<i>Year:</i>	
	<p>Incident Narrative: Please use the open space below to provide a brief overview of your patient safety concern or event. Please limit your narrative to 3 pages (15,000 characters). (Note: Please do not include medical record information).</p> <p>Thank you for bringing your concerns to our attention and helping us with our mission of continuously improving healthcare.</p>			

Type or Write Narrative Here: