Thank you for bringing your concerns to our attention and helping us with our mission of continuously improving healthcare.

Location Where the Concern or Event Occurred (required)
- Full Name of Organization
- Organization’s Full Street Address, City, State, Zip Code

Your Information (optional)
You have the option to submit your safety concern anonymously or you may provide your personal information if you wish to know the status of your submission. Provide the following if you would like to be notified about the status of your safety concern.
- Your Name
- Your Street Address, City, State, Zip Code
- Email

Description of Concern or Event (required)
- Date of Concern or Event Occurrence
- Brief narrative describing incident (limit 3 pages or 15,000 characters)
- Please do not include medical record information.

Waiver of Confidentiality (required)
- The Joint Commission is here to help organizations improve. We will use your report to better understand systems of care and guide improvement. We will review your report and determine how best to evaluate your concerns.
- Should we decide to contact the organization about your concern, please indicate whether you give The Joint Commission permission to: Release your name as the source of the concern and share a copy of the information you have sent to The Joint Commission with the organization.
- 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.
- If you do not agree, we may still act on your reported safety concerns following our established processes for anonymous reporting.

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