# Quality Incident Report Form

Do you have a complaint about a quality of continuing medical education activity at an AACME accredited provider's organization? The AACME wants to hear from you as a health care professional. Send us your complaint by fax or e-mail. Summarize the issues in one to two pages and include the name, street address, city, state and country of the health care organization (*Accredited Provider*).

The following is a ***Quality Incident Report Form*** needed to start an investigation/dispute regarding an AACME accredited provider, suggested to be NOT in compliance with the ***Accreditation Policies & Standards***. In addition to this form, as a complainant, you are required to read the information on **How to File a Complaint against an Accredited Provider,** which provides you with the appropriate procedure for filing a complaint regarding an AACME Accredited Provider, prior to completing this Form. You may download a copy of the How to File a Complaint against Accredited Provider information by clicking on INFORMATION**:**

This form is in a .pdf format. If you do not have a copy of the Adobe Acrobat, please Click Here to download it for free

**Date: _____ Time: _____**

**Name of Complainant(s):_____**

**Title of Complainant: _____**

**Telephone: (___) _ E-Mail: @**

**Address: _____ Fax: (___) -**

**City _____ State _____**

**Country _____ Zip/Postal Code _____**

**Name of Organization:** _____

**Address:**_____

_____

**Phone:** (_____) _____

| | Type of organization |
|---|---|
| Check | **Check one or more as appropriate** |
| | ❑ Communications Company |
| | ❑ Faculty of Medicine |
| | ❑ Consortium/ Alliance |
| | ❑ Education Company (Physician owned and operated) |
| | ❑ Not For Profit Foundation 501(c)3 (Only in the United States of America) |
| | ❑ Physician Member Organization (Specialty Based) |
| | ❑ Physician Member Organization (Non Specialty) |
| | ❑ Education Company, Other |
| | ❑ Government of Military |
| | ❑ Publishing Company |
| | ❑ Health Care Delivery System |
| | ❑ Medical Association / Society |
| | ❑ Hospital |
| | ❑ Voluntary Health Association |
| | ❑ Ministry of Public Health |
| | ❑ International Medical Organization |
| | ❑ International Specialty Society |
| | ❑ Insurance Company/Managed Health Care |
| | ❑ Other _____ (please specify) |

**ACTIONS REQUIRED: (Office use only)**

***Referrals***: _____

***QAC Member***:_____***QAC Member's Signature***:_____

***QAC Member No.***: ____-_____