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| 苦情受付記録票 | | | | | | | | | | | | | | | 受付欄 | | | | |
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| 受 付 者 | | |  | | | | | | | | | | | |  | | | | |
| 受付方法 | | | 面談　電話　書面　訪問　他〔　　　　　　　　　〕 | | | | | | | | | | | |  | | | | |
| 苦情対象 | | | （施設・事業所名） | | | | | | | | | | | | | | | | |
| 苦情申出人 | 住 所 | | | |  | | | | | | | | | | | | | | |
| 氏 名 | | | |  | | | | | | 電話番号 | | | | (　　　) | | | | |
| 連絡方法 | | | | 連絡方法に対する申出人からの希望の有無と内容 | | | | | | | | | | | | | 有　無 | |
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| 施設との関係 | | | |  | 本人 | | |  | | | 家族〔続柄　　　　　　　　　　　　　〕 | | | | | | | |
|  | その他〔　　　　　　　　　　　　　　　　　　　　　　　　　　〕 | | | | | | | | | | | | | |
| 希望処理期限 | | | | 令和　　年　　月　　日 | | | | | | | | | | | | | | |
| 1 苦情の内容 右記記載 | | | | | | | | | | | | | | | | | | | |
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| 2 苦情申出人の希望 右記記載 | | | | | | | | | | | | | | | | | | | |
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| 3 申出人が第三者委員への報告 | | | | | | | | | | | | | 希望している　希望していない | | | | | | |
| 4 申出人が話し合いへの第三者委員の助言、立会い | | | | | | | | | | | | | 希望している　希望していない | | | | | | |
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| 苦情処理責任者報告日 | | | | | | | 令和　年　月　日 | | | 第三者委員報告日 | | | | | | | 令和　年　月　日 | | |
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