



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

Please complete the following to submit a safety concern or event regarding a Joint Commission accredited or certified organization. (Note: if you cannot locate an organization within the dropdown menu, the organization may not be accredited or certified by The Joint Commission.)



Please provide your information below so The Joint Commission can contact you if there is a need for additional information regarding your safety concern or event.

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Please use the open space below to provide a description of the safety event, including the patient's name, if known.
Note: By policy, The Joint Commission cannot accept copies of medical records, photos or billing invoices and other related personal information.

	Yes (please describe below)	No	I'm not sure
	<p>Yes, directly to the healthcare organization</p> <p>Yes, to the State Department of Health</p> <p>Yes, to another agency</p> <p>No, I have not reported elsewhere</p>		