

PHC GRIEVANCE REGISTER

PHC INFORMATION

Name of the PHC:

Name of the Mandal:

Name of the District:

GRIEVANCE DETAILS

S. No	Date	Name of the Patient	Age	Sex	Caste	Address	WAP No	Contact No	Surgery Name	NWH Name	NWH District	Date of Admission	Date of Surgery	Date of Discharge/Death	*Nature of Greivance (1/2/3/4)	Grievance Resolved (YES/NO)	If NO Remarks
1																	
2																	
3																	
4																	
5																	

*Note : Nature of Grievance 1) News Article, 2) Money Collection, 3)Pre/post operative complication 4)Follow up