Please mail to Sain	t Luke's Health S	ystem; ATTN: K	eith Olenik; 440	l Wornall Road; Ka	nsas City, MO 64111
	Or you i		932-6846, ATTN		
		Complaint	ant Informat		
Date:			-	Time:	
Name:					
Address:					
Contact Number:					
Contact Number.		Complai	nt Informatio	n	
		compiun			
Hosptial Involved:	SL Plaza	SL North	SL South	Cushing	
(Circle One)	Wright	Anderson	Crittenton	Other:	
Date of Incident:			_		
Complaint: (Please attac	h additional s	heets for space	ce)		
By signing this complaint for	m, you are autho		cy Office of Saint f this complaint.	Luke's Health Syste	m to discuss and investigate the
Sign	ature of Compla	intant			Date
	5 1				
Date Received:		r or Organiz	zational Use (	Jniy	
Date Complaint Logged:				1	
Method of Contact:			Date Co	ntacted:	