



WISCONSIN GUILD OF MIDWIVES

COMPLAINT REVIEW FORM

Your Name

Address

Phone Number

Email

Do not fill out the above section if you wish to remain anonymous. Should you choose this option, you will not receive notice of the status of the outcome of this case.

- Please check this box if you wish to have your name withheld from all the persons involved in the review process.
- Please check this box if you wish to receive a copy of the recommendations made by the Incident Review group pertaining to the complaint.

Date incident occurred:

Your relationship to the mother and/or baby this incident involved:

Please describe the nature of your complaint:

Other information you feel is important:

Please scan this completed form and email to: IRC@wisconsinguildofmidwives.org