



WISCONSIN GUILD OF MIDWIVES

COMPLAINT REVIEW FORM

Your Name _____

Address _____

Phone Number _____ Email Address _____

Do not fill out the above section if you wish to remain anonymous.

- Please check this box if you wish to have your name withheld from all the persons involved in the review process.

Date incident occurred:

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

Please describe the nature of your complaint:

Other information you feel is important:

Please email this completed form to the Incident Review Committee - address is confidential & HIPAA compliant:

IRC@wisconsinguildofmidwives.org