



# Vaccine Hassle Factor Form

## Your Practice Information

Practice Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Your Complaint

Choose from the following CT Vaccine Program (CVP) related issues that describe your hassle. If one does not fully address your issue, choose "Other Problem" and complete a detailed description in the next section.

*When talking to anyone at DPH or an insurance company, please get the name and phone number of that person.*

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Date/Time of Contact \_\_\_\_\_

### Ordering

☐ Length of time to order using current form☐ Not allowed to order as needed

### Product Receipt

☐ Delay in receiving☐ Did not get entire order☐ Received incorrect vaccine

### Patient Care

\_\_\_\_\_ Number of patients NOT vaccinated due to CVP per day/week/month (*circle one*)

### Returns/Exchanges

☐ DPH Vaccine problem with your exchange  
*Please explain details below*

### Communication

☐ Calls not returned☐ Communication from DPH or Insurers is inadequate

### Billing Issues

☐ Denial of payment☐ Payment incorrect

### Other Problem/Description of above complaint

Briefly describe the problem(s) including action you have taken

---

---

---

---

---

*Use additional paper if you need more space*