Secret Shopper Encounter Form

Instructions

Complete this form immediately after any interaction you believe may involve a secret shopper. Document only factual details. Do not request additional personal information from the individual. Submit the completed form to the clinic manager before the end of your shift. This form is for internal use only. The use of the health information included on this form is authorized pursuant to section 27(1)(g) of the Alberta *Health Information Act*, RSA 2000, c H-5.

Confidentiality Notice

This form is for internal quality assurance and compliance purposes only. Do not share this form outside the clinic, except as required by law or internal policy.

1. Staff Member Information

☐ Name: _____

☐ Role/Position: _____

☐ Date of Report (mm/dd/yyyy): _____

☐ Shift Time: _____

2. Patient / Visitor Details

☐ Name Provided (if any): _____

☐ Gender / Approx. Age (estimated): _____

☐ Description (brief, objective): _____

☐ Date and Time of Encounter: _____

☐ Location in Clinic: _____

3. Reason for Staff Suspicion

☐ Asked unusual procedural or policy-testing questions

☐ Attempted to bypass or challenge standard policies, procedures, or practices

☐ Inconsistencies in story, purpose, or information provided

☐ Refused standard identification or intake steps

☐ Other (describe):

4. Description of the Interaction

☐ Summary of what occurred:

☐ Questions asked by patient / visitor (verbatim if possible):

☐ Staff responses / actions taken:

5. Documents, Records, or Processes Reviewed

☐ Notice on standard invoicing practice

☐ Payment or claims procedures

☐ Appointment booking process

☐ Other (describe):

_____

_____

6. Any Requests Made by the Individual

☐ Request for direct-billed plano eyewear

☐ Request for adjustment to invoice

☐ Request for separate dispensing of sunglass frames and prescription lenses

☐ Request for clarification on clinic policies

☐ Request for supervisor or manager

☐ Other (describe):

7. Staff Observations

☐ Behaviour observed:

_____

_____

_____

☐ Tone or manner of interaction:

_____

_____

_____

☐ Any concerning conduct or red flags:

_____

_____

_____

8. Outcome of Encounter

☐ Completed interaction without incident

☐ Escalated to supervisor/manager

☐ Visitor left before completion of transaction or service

☐ Service declined / unable to proceed

☐ Other:

_____
_____
_____

☐ Staff Follow-Up Needed:

_____
_____
_____

9. Manager/Supervisor Review

☐ Name:

☐ Date reviewed:

☐ Comments / follow-up actions:

_____
_____
_____

10. Attachments

☐ Security footage timestamp(s)

☐ Screenshots or documents referenced

☐ Copies of forms / EMR used or invoice issued

☐ Other materials: _____