

## ***Please Advise Us of Any Dissatisfaction***

### **PATIENT COMPLAINT AND GRIEVANCE POLICY**

If you, our patient, have a complaint or a grievance, we have a process available to you.

The purpose of this process is to improve the quality of care and services to our patients and to receive detailed information from you that helps us in our mission. We hope you will tell us immediately of any situation with which you are not satisfied. We certainly expect that you would tell us of any problems within a few weeks of the event that created the dissatisfaction.

The first step of the process is for you to notify any staff member that you come in contact with that you have a complaint. They may be able to immediately resolve the situation.

If the staff to which you voiced a complaint is not able to resolve the situation to your satisfaction, they will give you a form to begin our formal process to review your comments and allow us to conduct an investigation. We will ask you to put in writing your description of the situation and your thoughts on an acceptable outcome and resolution. You will have up to five (5) business days to put this information in writing. If you do not want to write it, you can communicate it to an employee who will put it in writing and ask you to confirm the information is written to your satisfaction. If you submit a complaint, we will let you know within three (3) days that we have received it and we are investigating.

We will communicate with you our findings and our suggested resolution within five (5) business days. If we cannot complete our investigation within five business days because we are waiting on reports or meetings with staff or physician, we will notify you of our progress and the date you can expect further communication from us.

Once we advise you of our findings and resolution, you have rights to appeal. We will outline that process in our written communication to you. Once the grievance reaches the highest level of our leadership team and a decision is rendered, the process is completed.

*You have the right to state your concerns to our management staff and leadership group.*

*There will be no reprisal.*

*We want to know about your concerns and learn what we can do to improve our services to you.*

*Please do not hesitate to let us know of any dissatisfaction.*

# PATIENT COMPLAINT OR GRIEVANCE REPORT

(Not Part of a Medical Record)

**A Complaint is a concern about the services you received (or did not receive). You are requesting to discuss your concern with the staff. You can provide information verbally to a staff member who will attempt to resolve the issue immediately.**

**A Grievance is a concern about the services you received (or did not receive). You believe you have attempted to resolve the concern with the staff present and you are not satisfied with the outcome.**

**If you cannot put the situation in writing, please ask for a staff member to assist you. A Grievance must be put in writing but can be written by someone assisting you.**

Patient Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Date of Communication: \_\_\_\_\_

If not patient, please name person expressing Grievance/Complaint and relationship to patient:

\_\_\_\_\_

**Describe the Issue** below or attach additional written information  
(include specific circumstance, dates, time, people involved, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe what would be an acceptable outcome for you:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_