Patient Complaint/Grievance Form

Curry Community Health is committed to providing our customers the best level of care possible. Please complete this form if you have concerns about the health care or treatment that you or a family member are receiving, or did not receive. You may use this form as a guide when making a complaint by telephone. We will investigate your concerns based on the information that you provide. After review, one of our representatives may contact you for additional information. We will respond to your complaint after the investigation is complete. You may also file an anonymous complaint. Our reception staff and Customer Relations Department are available to assist you with completing this form, filing a formal grievance over the phone, or to answer questions at (541) 425-7545. Please return this form to: Curry Community Health, ATTN: Quality Assurance, 94235 Moore Street Suite 121, Gold Beach, OR 97444.

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____

Telephone: _____

Date of Birth: _____/_____/_____

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible: [1] please state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event. Use the other side of this form or attach additional sheets as needed).

_____

_____

_____

_____

_____

May we contact you for additional information? _____

_____ _____
Signature of Patient or Legal Representative Date

If Legal Representative, state relationship: _____

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date Received: _____

Reviewer's Comments: _____

_____

Date patient was notified of resolution by mail to address stated above: _____

Date: _____ Signature: _____