



Patient Complaint Form

Medical Record#: _____

Visit Number: _____

Patient Name: _____

Date of Service: _____

Name of Complainant: _____

Date of Complaint: _____

Address / Phone for follow up: _____

CONCERN / COMPLAINT (Briefly describe the complaint -Who, What, When, Where -; if complaint is written, attach copy and other supporting documentation):

(Continue on back if necessary)

What resolution is the complainant requesting? _____

Name of person initiating this record: _____

Follow up action taken: _____

Concern / Complaint Satisfactorily Addressed (per Complainant): Yes / No (Forward to Grievance Review Team)

Department Manager Signature: _____

Date: _____

CEO Signature: _____

Date: _____

QI Use Only:

Date Logged: _____

Tracking# _____

Initials: _____



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Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Wrangell Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Wrangell Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wrangell Medical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print or accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Scott Glaze, Compliance Officer.

If you believe that Wrangell Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Scott Glaze, Compliance Officer
P.O. Box 1081
Wrangell, Alaska 99929
(907)874-7169
Fax – (907)874-7122
scott.glaze@wrangellmedical.org .

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Scott Glaze, Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.