



## Patient Grievance Form

If you have a question, problem or complaint regarding your care, please let us know by calling 1-800-297-7567. You will be directed to the Branch Manager in your service area for resolution of your grievance. If the Branch Manager is unable to resolve your problem, the Director of Clinical Services will be contacted to assist in the resolution process. This form may also be filed out if you feel the problem should be formally brought to the attention of the Director of Clinical Services. Upon receipt of this form by the Director, an investigation will be initiated with a phone call and follow in written form. Be assured that every effort will be made to investigate and resolve your concern quickly.

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

Time: \_\_\_\_\_

Nature of Grievance (Describe fully – a copy of a letter from the person making the complaint may be attached, if necessary):

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Patient Name: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Patient Telephone #: \_\_\_\_\_

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

Person's Involved: \_\_\_\_\_

Location: \_\_\_\_\_

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

If your complaint is serious in nature or you believe that our personnel are not adequately addressing your concerns, you may call the HOME HEALTH hotline in NC at 1-800-624-3004 or in SC at 1-800-922-6735 or Accreditation Commission for Health Care at 919-785-1214 or the Department of Health & Human Facility Services at 1-800-624-3004.

### **ADMINISTRATIVE USE ONLY:**

Date of Investigation: \_\_\_\_\_ Persons Conducting Investigation: \_\_\_\_\_

Findings: \_\_\_\_\_

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Action Taken:

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