



## PATIENT GRIEVANCE FORM

All information will be kept confidential. Complete all blanks that relate to your concern.  
Return form to The Renal Network (see address below).

### Patient Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### Facility/Unit Associated with the Grievance:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### Grievance Involves: *(Check all specifically involved)*

Facility/Unit Staff:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Physician(s):  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Other *(specify)*  
\_\_\_\_\_





**Please check the ONE that applies to you:**

I have approached the facility with this grievance and am not satisfied with the outcome or handling. I am not satisfied because: *(specify reason)*

I have not approached the facility with this grievance because: *(specify reason)*

**Please check ONE:**

I choose to represent myself during this grievance process.

I am the legal guardian for the patient. (Attach guardianship papers)

I have chosen the following representative to help me during this grievance process

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**Please check ONE:**

I allow the Network to release my identity to the appropriate individuals in the processing of this grievance.

I wish to remain anonymous. I understand that remaining anonymous may result in the inability to fully process my grievance and if this is the case, the Network will notify me.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature of Person Filing Grievance*

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature of Patient or Guardian (if applicable)*

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature of Patient Representative (if applicable)*