Lewis County General Hospital
& Residential Health Care Facility
An affiliate of St. Joseph's Health

PATIENT COMPLAINT / CONCERN FORM

(circle one)

All patient complaints and concerns are confidential. This report and any attachments are part of Lewis County General Hospital's Quality Improvement Program and therefore protected confidential documents under the law. All complaints/concerns will be given serious attention.
This patient complaint/concern form will be forwarded to the Risk Manager to address your concerns.

PERSON REGISTERING THE COMPLAINT/CONCERN

Name: _____
Last First MI

Mailing Address: _____

_____
City State Zip

Phone Number: _____

Patient Name: _____
Last First MI

Patient Date of Birth: _____ **Your Relationship to Patient**: _____

NATURE OF COMPLAINT/CONCERN

Date the Incident Occurred: _____ Time: _____

Department(s) Involved: _____

Name of Staff Involved: _____

Please check the box that best describes the nature of your complaint/concern and provide details below:

☐ Substandard Care (Misdiagnosis, Negligent Treatment, Delay in Treatment, etc.)

☐ Access

☐ Unprofessional Conduct (staff/physician)

☐ Billing / Registration Concern

☐ Other _____

Describe problem or reason for complaint: _____

_____

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Client's Signature:_____ Date: _____

(*If this complaint was taken via phone, please check here*) ☐

Signature of the person receiving the complaint/concern: _____

Please Mail to (or forward via inter-office mail):

Michele Prince, Chief Operating Officer & Risk Manager
7785 North State Street
Lowville, NY 13367

********** FOR OFFICE USE ONLY **********

Date Received by Risk Manager: _____

Routed to which Department (by Risk Manager)**: The person receiving the complaint/concern will investigate, document the findings and actions taken on a separate sheet of paper, attach the documentation to this form and return it to the Risk Manager.**

☐ Billing ☐ HIM ☐ DON ☐ CEO ☐ Medical Director ☐ Clinic Medical Director _____

☐ Nurse Manager _____ ☐ Clinic Group Practice Administrator ☐ Other _____

Followed up by: ☐ Letter ☐ Phone ☐ In-Person

Date of Follow Up/Final Letter mailed out (by Risk Manager) :_____

Describe action taken to resolve issue (Risk Manager):

_____

_____

*Risk Manager's Signature*_____ *Date:*_____