Confidential Patient Grievance or Complaint Form

Lynn Urgent Care

Patients have the right to file a grievance regarding treatment or care that is (or fails to be) furnished or file a complaint about Lynn Urgent Care LLC or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. All complaints are confidential and will be given serious attention. This patient complaint form will be routed to the appropriate Clinical Program Director and/or Department Supervisor, who will directly address your concern. For additional information, please contact the ADMINISTRATIVE OFFICER.

GENERAL INFORMATION	
Complaint received by:	
Date & Time of Complaint:	
How complaint was initially made or delivered:	□ e-mail □ in person □ phone □ in writing □ via another person: e.g., LUC Employee,
Name of person **making the complaint?** Relationship to the Patient? □ Self □ Other; if other, please state relationship:	
Patient Name	
Address	
Phone number(s).	
ABOUT THE COMPLAINT	
Program or Department involved	
Staff involved [include name / job title]	

SUMMARY OF PROBLEM OR REASON FOR COMPLAINT (ATTACH ADDITIONAL SHEETS OF PAPER, IF NEEDED).
Client Signature/Date:

HOW HAVE YOU TRIED TO RESOLVE THE CONCERN? (ATTACH ADDITIONAL SHEETS OF PAPER, IF NEEDED).

WHAT CAN WE DO TO RESOLVE THE CONCERN? (ATTACH ADDITIONAL SHEETS OF PAPER, IF NEEDED).

Client Signature/Date:

FOR OFFICE USE ONLY

COMPLAINT TYPE	DESCRIBE ISSUE
□ **Access to Care**	• Excessive wait time in the lobby or exam room • Takes too long to get an appointment • Other:
□ **Clinical: Program Operations**	• Appointment scheduling issue • Did not receive lab/test results in a timely manner • Prescription refill issue • Referral process • Other workflow issue:
□ **Clinical: Quality of Care**	
□ **Disagrees with Purchased/Referred Care policy** □ **Disagrees with Resource Committee decision**	
□ **Facilities**	• Housekeeping issue • Patient safety or security issue • Other:
□ **Individual with Multiple Complaints** □ **Repeated or Previously Unresolved Complaint**	
□ **Personal Interaction with an employee/staff**	• Poor communication • Rude and/or unprofessional behavior • Other:
□ **Other**	

ROUTE TO:	
□ Administration (Lynn Urgent Care)	□ Patient Registration
□ Billing	□ Referred Care
□ Medical, please specify: Medical Director, Director of Operations, Clinic Office Manager	□ Other

FOR USE BY ADMINISTRATION:	
Was the patient complaint logged according to policy? □ Yes □ No Date: _____	Complaint Number:
Was an 'Action Letter' was mailed out to patient? Keep a copy on file. □ Yes □ No Date: _____	Was a copy of the 'Action Letter' forwarded to the Department Manager for full/final resolution? □ Yes □ No Date: _____
Follow up with Dept. Manager to determine whether or not complaint was addressed? Date: _____ Follow up by: □ E-mail □ Phone □ In-Person	Was a documented response by the Department Manager included in the Patient Complaint File? □ Yes □ No Date: _____

Last Revised 04/01/2021

Describe action(s) taken by the Medical Director or Director of Operations or Department Manager to resolve issue:

_____

_____

_____

_____

_____

_____

Was issue resolved? □ Yes □ No

□ Complaint was addressed; however, not resolved to patient/client satisfaction.

If not, state reason(s) why: _____

_____

_____

_____

_____

_____

Final follow-up phone call to patient/client?

□ Yes, by: _____

□ No, not required

FOR USE BY LUC ADMINISTRATION
Administrative Officer or Designee Signature / **Date:**
Health General Manager or Designee Signature / **Date:**

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