

PYRAMID LAKE TRIBAL HEALTH CLINIC

PATIENT COMPLAINT FORM

The Pyramid Lake Tribal Health Clinic is dedicated to quality health care of its patients; this form is provided to address patient complaints.

- Complaints must be in **writing, dated and signed by the patient.**
- Patient may have assistance writing the complaint, but the signature must be the patients; unless, the patient has a legal representative.
- Complaints will be logged in by the Health Clinic Secretary and forwarded to the Patient Complaint Committee.
- The Patient Complaint/Ombudsman Committee is appointed by the Health Clinic Medical Care Evaluation Committee (MCEC).
- Complaints are addressed within seven (7) working days to include forwarding complaints to the appropriate staff/department and a Conclusion Letter sent to the patient.
- Patients may withdraw a complaint, in writing/dated; the investigation/process will end.
- Patients not satisfied with the Patient Complaint Committee’s resolution, may appeal in writing to the Health Board, to be heard at a scheduled Health Board meeting.
- Patients not satisfied with the Health Board’s resolution may appeal to the Pyramid Lake Tribe, following their Complaint Process.
- All information is confidential; privacy and release of information regulations and laws apply.

Date Received	
Secretary Name	
Secretary Signature	

Patient Name	
Patient Address	
Patient Phone #	

Complaint – Must Be In Writing, Dated, and Signed by Patient	
Date of Complaint	
Date of Incident	
Clinic Staff Involved	

Note: Continue to page 2 for complaint summary, patient signature and date.

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Summary – Provide details, note attachments and additional sheets.

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Patient Signature

Date

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For Health Clinic Use Only

Committee Meeting Date/Time	
Committee Members	
Committee Discussion	
Referred To <i>Staff/Department</i>	
Action/Resolution	
<i>Staff Signature</i>	
<i>Date</i>	
Follow Up	
Comment	

Conclusion Letter Sent - Date	
Health Director Signature	
Other Comment	

Note: Use additional sheets as necessary.