

Patient Grievance Tracking Form

The contents of this form allow ZSFG to document the efforts made to address and resolve the complaint. This document might be referenced if further investigation into the grievance is required.

Please complete this form and return with a signed response letter within to:

Office of Patient Experience
Room H1246
(628) 206-5176

Patient/Visitor Name:

Grievance Received:

REQUIRED ACTIONS

① Initial Acknowledgement: Phone call to patient/family within **3 business days**

Documentation of Phone Call:

Date

<input type="checkbox"/> Spoke to patient/family to acknowledge complaint and apologize	<input type="checkbox"/> Not satisfied CONTINUE TO #2	<input type="checkbox"/> Satisfied* CONTINUE TO #3
<input type="checkbox"/> Attempted	<input type="checkbox"/> Wrong Number	<input type="checkbox"/> Left a message to return call

② Investigation: Obtain all necessary information from the care team regarding the incident to respond to patient.

③ Grievance Response Letter: Complete grievance response template on next page with original signature and return to OPEX within 21 days from receipt of this grievance.

** If patient is satisfied with the verbal apology and explanation for the poor experience during phone encounter, document the details of the conversation in the response letter template.*