

GRIEVANCE FORM

If you would like to notify us of an issue you are having, or file an official grievance relating to an issue you have been unable to resolve by talking to staff, please complete this form. Please note, filing a grievance requires us to formally acknowledge your grievance in writing, conduct an investigation, and notify you of our findings and resolution. Please give the completed form to any staff member or:

Jessica Fucito
Grievance Coordinator
Axis Health System
185 Suttle St.
Durango, CO 81303
Phone: 970-335-2445
Fax: 970-259-1664

IF YOU NEED HELP FILLING OUT THIS FORM, ASK ANY STAFF MEMBER OR THE AXIS HEALTH SYSTEM GRIEVANCE COORDINATOR. STAFF: Scan and e-mail completed form to GET.GRIEVANCE.HELP

Your Name: _____

Today's Date: _____ **Date of Incident:** _____

Please check the categories below that best describe your issue(s):

Treatment or Diagnosis Billing & Financial Appointments & Scheduling

Delay in Care or Treatment Customer Service – Provider Customer Service - Other

Other Explain: _____

1. What is the problem (nature of grievance/people involved)? _____

2. Where did it happen and what staff was involved? (Please provide the specific location and staff names if possible)

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3. Have you discussed this grievance with any staff, if yes with whom and what did they say?

4. Have there been any steps to resolve this issue? _____

5. Do you feel your rights have been violated and if so, how? _____

6. How would you like your grievance resolved? _____

7. Please provide any additional details or comments not included above: _____

**8. It is important that we be able to contact you to discuss your grievance.
How can you be contacted?**

Phone #: _____ Type: *home cell work*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Internal Only:

Acknowledgement letter sent on (date): _____

Resolution letter sent on (date): _____