How to File a Grievance

Any person who is dissatisfied with treatment, staff actions, competency or conduct, or those who feel rights have been violated at Axis Health System have the right to communicate these concerns and to expect a response.

All persons are encouraged to express grievances to our facility staff or Grievance Coordinator. You can do this either through filling out a written form yourself or completing the form with the support of staff or the Grievance Coordinator. Grievance forms are available at all Axis Health System locations. We value and encourage your feedback.

You may also contact the Health Facilities of the Colorado Department of Public Health and Environment, the Office of Civil Rights, or the specific board for professionals at the Department of Regulatory Agencies (DORA).

Upon request, staff can provide you and any interested person with contact information for filing complaints with outside agencies. For any assistance, please contact:

Jessica Fucito
Grievance Coordinator
(970) 335-2205 – Phone
jfucito@axishealthsystem.org – Email

Cómo presentar un reclamo

Cualquier persona que esté insatisfecha con el trato, las acciones, competencias o conducta del personal, o aquellos que sientan que se han violado sus derechos en Axis Health System tienen el derecho a comunicar estas preocupaciones y a esperar una respuesta.

Se recomienda a todas las personas a manifestar sus quejas a nuestro personal o al coordinador de Reclamos. Puede hacerlo por escrito o completando el formulario con el personal de ayuda o con el coordinador de Reclamos. Los formularios para quejas están disponibles en todas las instalaciones de Axis Health System. Valoramos sus comentarios y lo animamos a enviarlos.

También puede contactar a los centros de atención medica del Departamento de Salud Pública y Medio Ambiente de Colorado, la Oficina de Derechos Civiles, o en la junta específica para profesionales en el Departamento de Agencias Reguladoras (Department of Regulatory Agencies, DORA).

Si lo solicita, el personal puede proveerle a usted y a cualquier persona interesada la información de contacto para presentar las quejas con organismos externos. Si necesita algún tipo de asistencia, contacte a:

Jessica Fucito
Coordinadora de Reclamos
Teléfono: (970) 335-2205
Correo electrónico: jfucito@axishealthsystem.org

AXISHealth System

Grievance Form

Please use this form to communicate any issue you have been unable to resolve about your care or interaction with staff. If you would like to notify us of a concern or make a recommendation, please complete and return this form to any staff member, or by email or fax to the Grievance Coordinator:

Name: Jessica Fucito
Grievance Voicemail Hotline: 970-335-2445
Phone: 970-335-2205 **| Fax:** 970-259-1664
Address: 185 Suttle Street, Durango, CO 81303
jfucito@axishealthsystem.org

If you need help completing this form, you can ask any staff member or contact the Grievance Coordinator for help completing this form over the phone.

AHS Staff: Please Scan and e-mail the completed form to GET.GRIEVANCE.HELP@axishealthystem.org or fax to (970) 259-1664.

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. **Nature of complaint:**
   _____
   _____
   _____
2. **Location and staff:**
   _____
   _____
   _____
3. **Please provide any additional details or comments not included above:**
   _____
   _____
   _____

4. **Have You Done Anything to Try to Resolve the Issue?**

_____
_____
_____

5. **Contact information:**

Phone: _____ Type: *home* ☐ *cell* ☐ *work* ☐ *OK to leave voicemail*_____

Mailing Address: _____

City: _____ State: _____ Zip:_____