

Grievance Form Instructions

Please use this form to (1) communicate any issue you have been unable to resolve about your care or interaction with staff, (2) notify us of a concern, and/or (3) make a recommendation.

If you need help completing this form, you can ask any staff member for assistance or contact the Grievance Voicemail Hotline. The Grievance Voicemail Hotline will not connect you to a live person. However, upon leaving a voicemail, you can expect to receive a call back within two (2) business days.

Grievance Voicemail Hotline: 970-335-2445; or

Grievance Fax Line: 970-259-1664; or

Grievance Coordinator: Jessica Fucito

Or contact the Behavioral Health Administration Complaints Department by:

Phone: 303.866.7191; or

Email: CDHS_BHA_complaint@state.co.us; or

Mailing Address: 710 S. Ash St., Denver, CO 80246

Scan and e-mail the completed form to:

For Internal Axis staff only: GET.GRIEVANCE.HELP@axishealthsystem.org; or

For all others, including patients and external parties; JFucito@axishealthsystem.org; or

Via fax: (970) 259- 1664

Grievance Form to follow on page 2.

Grievance FormName (*First and Last*): _____

Today's Date: _____ Date of Incident: _____

Please check the Categories below that best describe your issue(s):☐ Appointments & Scheduling ☐ Billing & Financial ☐ Customer Service – Other☐ Customer Service – Provider ☐ Delay in Care or Treatment ☐ Treatment or Diagnosis☐ Other - Explain: _____**Staff Member(s) Involved:** _____**Primary Location:** _____**Secondary Location (*if applicable*):** _____**1. Nature of complaint:**

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

3. Have you done anything to try to resolve the issue?:

4. Were there any staff members who were particularly helpful?:

5. Contact information:Phone: _____ Type: Home ☐ Cell ☐ Work ☐Okay to leave a voicemail? Yes ☐ No ☐

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is it okay if we send you mail regarding your Grievance? Yes ☐ No ☐