KEWA PUEBLO HEALTH CORPORATION
PATIENT COMPLAINT/GRIEVANCE RESOLUTION (PCGR) FORM

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Name: _____ Today's Date: _____

Address: _____ Phone # : _____

Date/Time/Place of Complaint or Incident: _____

_____

Does your grievance involve patients, staff or an interaction between patients and staff?

☐ Patient(s) ☐ Staff ☐ Patient(s) and staff ☐ Other: _____

Name(s) of person(s) this grievance involves: _____

Name(s) of any witness(es) present: _____

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PLEASE CHECK THE OPTION(S) WHICH BEST PROVIDE A GENERAL DESCRIPTION OF THE GRIEVANCE REPORTED.

☐ **Accident, Without Injury**	☐ **Lack of Consent**	☐ **Safety Violation**
☐ **Behavioral, Aggressive**	☐ **Medical Emergency**	☐ **Sexual Harassment**
☐ **Behavioral, Dangerous**	☐ **Medication Error**	☐ **Substance Abuse**
☐ **Behavioral, Disruptive**	☐ **Missing Person**	☐ **Threats**
☐ **Behavioral, Inappropriate**	☐ **Neglect**	☐ **Vehicular Concern / Problem**
☐ **Community Concern**	☐ **Physical Assault**	☐ **Verbal Abuse**
☐ **Compliance Concern**	☐ **Property, Damage**	☐ **Witnessed Theft/Robbery**
☐ **Death**	☐ **Property, Missing**	☐ **Other:** _____
☐ **Illness**	☐ **Quality of Care Concern**	☐ **Other:** _____
☐ **Injury**	☐ **Refusal of Care**	☐ **Other:** _____

****

Please provide an objective account of your observations regarding this grievance (include additional sheets if necessary):

_____

_____

_____

_____

_____

_____

Please provide any additional comments or recommendations to address/resolve your issue:

_____

_____

_____

Do you request a follow-up response? ☐ Yes ☐ No

Grievant or Grievant Representative Signature: _____

KEWA PUEBLO HEALTH CORPORATION
PATIENT COMPLAINT/GRIEVANCE RESOLUTION (PCGR) TRACKING
LOG # _____ (for Administrative use only)

Employee receiving complaint/grievance

Received by: _____ Date: _____ Time: _____
(Employee Name)

WAS COMPLAINT FORWARDED FROM A HEALTH BOARD MEMBER? *Yes* ☐ *No* ☐

Complaint forwarded to KPHC's PCGR Coordinator. Date: _____ Time: _____

Employee signature: _____

PCGR Coordinator

Grievance received/logged/recorded: Date: _____ Time: _____

Complaint forwarded to _____ Date: _____ Time: _____
(Responding Supervisor Name)

Response Coordinator signature: _____

Responding Supervisor

Complaint received: Date: _____ Time: _____

Complaint investigated: Date: _____ Time: _____

Actions taken: _____

_____

_____

_____

Responded to grievant via: ☐ Phone Call: Date: _____ Time: _____ ☐ Letter (attach copy)

Response to grievant if phone call: _____

_____

_____

_____

Response returned to PCGR Coordinator Date: _____ Time: _____

Responding Supervisor signature: _____

PCGR Coordinator

Response received/logged/recorded: Date: _____ Time: _____

Response mailed/provided to Grievant: Date: _____ Time: _____

Response Coordinator signature: _____

SUBMIT