SENECA NATION HEALTH SYSTEM

Comment/Complaint/Grievance Response System (CCGRS) Form

LOG # _____ (for Administrative use only)

Please fill out this form if you use SNHS services and you wish to make your comment/complaint/grievance known to the Health System Administration. This form can be submitted to any staff or mailed in to: **Lionel R. John Health Center, PO Box 500, Salamanca, NY, 14779, ATTN: Senior Administrative Assistant**. Thank you for taking the time to bring your concerns to our attention.

☐ I understand that I waive the right to receive follow up and/or appeal an unsatisfactory response if this form is filled out anonymously or without current/accurate contact information.

Name: _____ Today's Date: _____

Address: _____ Phone: _____

Date/Time/Location of Event:

_____

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

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

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

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

PLEASE CHECK THE APPROPRIATE DEPARTMENT INVOLVED IN THIS MATTER

☐ Administration	☐ Behavioral Health	☐ Care Collaboration	☐ Child and Family
☐ Dental	☐ Diabetes	☐ Facilities	☐ Finance
☐ Health Information	☐ Human Resources	☐ I.T.	☐ Medical/X-ray
☐ Optical	☐ Patient Benefits	☐ Patient Registration	☐ Pharmacy
☐ Purchased/Referred Care	☐ Transportation	☐ Other _____	

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

Please provide any additional comments or recommendations to address/resolve the matter:

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

Informant or Informant Representative Signature: _____

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Employee receiving comment/complaint/grievance

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

CCGRS Form forwarded to Response Coordinator Date: _____ Time: _____

Employee signature: _____

Senior Administrative Assistant (Response Coordinator)

CCGRS Form received/logged/recorded: Date: _____ Time: _____

Copy made for Master Log Book: Date: _____ Time: _____

CCGRS Form forwarded to: _____

Date: _____ Time: _____

Response Coordinator signature: _____

Responding Supervisor

CCGRS Form received: Date: _____ Time: _____

CCGRS matter investigated: Date: _____ Time: _____

Actions taken:

Must notify informant that if the initial response provided is unsatisfactory, the informant may appeal to the CEO to review the matter in question within ten (10) business days of receiving the initial response from SNHS.

Responded to informant via: ☐ Phone Call Date: _____ Time: _____

☐ Letter (attach copy/submit to Response Coordinator)

Grievant response from phone call:

Responding Supervisor signature: _____ Date: _____

Unit Director signature: _____ Date: _____