



# SENECA NATION HEALTH SYSTEM

## Complaint/Grievance Response System (CGRS) Form

LOG # \_\_\_\_\_ (for Administrative use only)

Please fill out this form if you use SNHS services and you wish to make your complaint/grievance known to the Health System Administration. If you wish to mail the form, please send it to: **Lionel R. John Health Center, PO Box 500, Salamanca, NY, 14779, Attention: Senior Administrative Assistant.** Thank you for taking the time to bring your concerns to our attention.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date/Time/Location 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: \_\_\_\_\_

*PLEASE CHECK THE APPROPRIATE DEPARTMENT REGARDING YOUR COMPLAINT*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Medical/X-ray | <input type="checkbox"/> Patient Registration | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Health Information |
| <input type="checkbox"/> Pharmacy      | <input type="checkbox"/> Patient Benefits     | <input type="checkbox"/> Environmental   | <input type="checkbox"/> I.T.               |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Behavioral Health    | <input type="checkbox"/> Planning        | <input type="checkbox"/> Facilities         |
| <input type="checkbox"/> Dental        | <input type="checkbox"/> HOPE                 | <input type="checkbox"/> Finance         | <input type="checkbox"/> Administration     |
| <input type="checkbox"/> Optical       | <input type="checkbox"/> Child and Family     | <input type="checkbox"/> Contract Health | <input type="checkbox"/> 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: \_\_\_\_\_



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### Employee receiving complaint/grievance

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Employee Name)

WAS COMPLAINT FORWARDED FROM A SENECA NATION COUNCILLOR OR THE EXECUTIVE OFFICE?  Yes  No

Complaint forwarded to Barb Redeye Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Senior Administrative Assistant)

Employee signature: \_\_\_\_\_

### Senior Administrative Assistant (Response Coordinator)

Complaint received/logged/recorded: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Copy made for Master Log Book: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complaint forwarded to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Senior Administrative Assistant 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 copy sent to Senior Administrative Assistant: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Responding Supervisor signature: \_\_\_\_\_