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

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

☐ Medical/X-ray	☐ Patient Registration	☐ Human Resources	☐ Health Information
☐ Pharmacy	☐ Patient Benefits	☐ Environmental	☐ I.T.
☐ Diabetes	☐ Behavioral Health	☐ Planning	☐ Facilities
☐ Dental	☐ HOPE	☐ Finance	☐ Administration
☐ Optical	☐ Child and Family	☐ Contract Health	☐ 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)

Complaint forwarded to Response Coordinator, Barb Redeye Date: _____ Time: _____

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: _____

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/submit to Response Coordinator)

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

Grievant response from phone call:

Responding Supervisor signature: _____ Date: _____

Unit Director signature: _____ Date: _____