



**PATIENT GRIEVANCE FORM**

All information will be kept confidential. Complete all blanks that relate to your concern.  
Return form to Quality Insights Renal Network 3(see address below).

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DAYTIME PHONE #:** \_\_\_\_\_

**IF PHONE UNAVAILABLE, CAN WE LEAVE A MESSAGE FOR YOU AT YOUR DIALYSIS FACILITY?**                     YES                     NO

**FACILITY/UNIT ASSOCIATED WITH THE GRIEVANCE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DIALYSIS SCHEDULE** \_\_\_\_\_

**GRIEVANCE INVOLVES (Check all specifically involved):**

**Facility/Unit Staff**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Physician(s)**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Other (specify)**

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR CONCERN OR GRIEVANCE IN DETAIL:**

List dates and approximate times when incident or action occurred. Please remember to restrict your comments to the facts associated with this grievance. Attach additional sheets if necessary.

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**Please check the ONE that applies to you:**

- I have approached the facility with this grievance and am not satisfied with the outcome or handling. I am not satisfied because (specify reason):

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- I have not approached the facility with this grievance because (specify reason):

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**Please check ONE:**

- I choose to represent myself during this grievance process.
- I have chosen a representative to help me during this grievance process.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_

**Please check ONE:**

- I allow the Network to release my identity to the appropriate individuals in the processing of this grievance.
- I wish to remain anonymous. I understand that remaining anonymous may result in the inability to fully process my grievance. I will be notified by the Network if this is the case.

\_\_\_\_\_  
Signature of Person Filing Grievance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative (if applicable)

\_\_\_\_\_  
Date