Sunshine Community Health Center Patient Grievance Policy directs patients and/or family members to speak first with the staff person involved and try to resolve differences directly whenever possible.

If unable to resolve your differences directly, please complete this form and submit to the Executive

Director.

Name of Patient
Name of Person Making Grievance
Relationship to patient
Contact Information
Please describe what happened, giving names of individuals/staff involved and including as much detail as possible. (if you need additional space, please use the back of this form.)

Every effort will be made to contact you within 72 hours of receipt to resolve your grievance.