



Type of grievance (Check all that apply)

**Patient Care Factors**

- Quality of Care
- Timeliness of Care
- Teaching
- Other

**Staff Factors**

- Courtesy
- Communication
- Privacy
- Other

**Organizational Factors**

- Waiting Times
- Cleanliness
- Billing, charges
- Other

**Medical Staff**

- Quality of Care
- Timeliness of Care
- Accessibility
- Other

What action are you requesting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your comments, an SCHC representative will contact you within 72 hours of receipt.

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For Clinic Staff Only

Name / department of person initiating this record: \_\_\_\_\_

Referred to: \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_ Risk Manager  
\_\_\_\_\_ Executive Director \_\_\_\_\_ Other

Follow-Up Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_