

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.

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: _____