



Commonwealth Healthcare Corporation
 Commonwealth of the Northern Mariana Islands
 1178 Hinemlu' St. Garapan, Saipan, MP 96950



PATIENT GRIEVANCE FORM

INSTRUCTIONS:

1. Write a brief description of the problem as you see it. Where appropriate, specify times, dates, names of personnel involved, witnesses, etc. (who, what, when, where). Use additional paper if needed. Be sure to sign and date the form.
2. If you are an inpatient, give the form to the Nurse Manager, Nurse Supervisor on-duty, or Business Office Manager. Ask your nurse to assist you with contacting one of the above people.
3. If you are an outpatient, you may give the form directly to the Patient Relations Program, please see at the bottom of the page to find out where to drop the grievance forms.

_____ **Phone: (H)** _____ **(W)** _____
 (Print Name)

Mailing Address: _____ **Email** _____
 (City, State, Zip Code)

Description of Problem or Complaint: _____

I have designated (print) _____ **to represent me in resolving this**
problem. His/her contact number is _____ **Relationship:** _____

I give permission to the CHCC to release my identity to the appropriate individuals in processing this grievance.

I choose to remain anonymous. I understand that my grievance may be more difficult to investigate; however, I do know that the CHCC will try to address my issue promptly.

_____ *Signature* _____ *Date* _____

Commonwealth Healthcare Corporation (CHCC) will provide a written response to the addressee on this form within 15 to 30 days from the date the Patient Relations Program receives this grievance. An initial acknowledgment will be made to the addressee upon receipt of the grievance.

The addressee on this form may either mail, email, or call the Patient Relations Program to receive or verbalize the grievance.

<u>MAIL</u> C/O CHCC Patient Relations Coordinator P.O. Box 500409 CK Saipan, MP 96950	<u>EMAIL</u> patient-relations@chcc.health	<u>PHONE:</u> (670) 234-8950 ext. 2918 <u>FAX:</u> (670) 234-8930
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-OR- You may drop the form to the Nursing Supervisor, ER Cashier Supervisor, Outpatient Clinic registration area, Corporate Quality & Performance Management, Drop Box near ER entrance or the program – Patient Relations – located behind the Gift Shop.