Confidential Patient/Client Complaint or Grievance Form

Cowlitz Indian Tribe Health and Human Services

Cowlitz Indian Tribe Health & Human Services (CITHHS) ensure patients/clients have the right to a fair and impartial hearing regarding their rights and agency decisions affecting their welfare or status as an individual receiving services and to ensure patients/clients have an easily accessible process to voice concerns, complaints, or appeal decisions without fear of retaliation, exploitation, humiliation, or compromising access to services. The patient/client complaint or grievance form will be routed to the CITHHS program manager or director, who will directly address your concern.

GENERAL INFORMATION	
Complaint received by:	
Date & Time of Complaint:	Date & Time of Form Completion:
How was complaint initially made or delivered? □ e-mail □ in person □ phone □ in writing	
Name of person making the complaint: Relationship to the Patient/Client? □ Self □ Other; Please state relationship:	
Address:	
Phone number(s): □ Home	□ Cell
ABOUT THE COMPLAINT/GRIEVANCE	
Program involved:	
Staff involved [include name/job title]:	

Patient/Clients have the right to a file a complaint with the Washington (WA) State Department of Health (DOH) by calling or sending a letter to the WA State DOH; Or you can call or complete an online complaint with the U.S Department of Health and Human Services Office of Inspector General (HHS-OIG). Vocational Rehab Client/Patients have the right to file a complaint to the Client Assistance Program by calling or sending a letter to the Client Assistance Program. Please see the list below.

Client Assistance Program
2531 Rainier Ave. S
Seattle, WA 98144
1-800-544-2121

Washington State Department of Health
Health Systems Quality Assurance
PO BOX 47857
Olympia, WA 98504-7857
360-236-4700

HHS-OIG Public Hotline (for reporting fraud)
Website: https://oig.hhs.gov/fraud/report-fraud/
Phone: 1–800–HHS–TIPS (1–800–447–8477)

SUMMARY OF REASON FOR COMPLAINT /GRIEVANCE **This section to be completed by patient/client or their representative*

Patient/Client Signature & Date:
Patient/Client Representative Signature & Date:

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COMPLAINT/GRIEVANCE TYPE	DESCRIBE ISSUE
□ Access to Care	• Excessive wait time in the lobby or exam room • Takes too long to get an appointment • Other:
□ Clinical: Program Operations	• Appointment scheduling issue • Did not receive lab/test results in a timely manner • Prescription refill issue • Referral process • Other workflow issue:
□ Clinical: Quality of Care	
□ Facilities	• Housekeeping issue • Patient safety or security issue • Other:
□ Multiple Complaints of Various Types	

□ Repeated or Previously Unresolved Complaint	
□ Pain Management Issue	• Untreated pain • Lack of coordination of care from provider prescribing medication • Poor communication from provider
□ Personal Interaction with an employee/staff	• Poor communication • Rude and/or unprofessional behavior • Other:
□ Other	
ROUTE TO:	
□ Tukwila	□ Behavioral Health (MH, SUD, MAT) □ ICW □ Pathways to Healing
□ Dupont	□ Pathways to Healing □ Behavioral Health (MH, SUD, MAT) □ ICW □ Youth □ Veteran's
□ Longview	□ Behavioral Health (MH, SUD, MAT) □ Children Services (ICW, CCDP) □ Medical Clinic □ Purchase Referred Care □ CESS/Employment Support □ Pathways to Healing
□ Vancouver	□ Behavioral Health (MH, SUD) □ CESS/Employment Support □ ICW □ Pathways to Healing
□ St. Mary's (Toledo)	□ Elders Program
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Step 1 • □ resolved (employee and patient/client work out a satisfactory agreement after complaint made) • □ Skip to Step 2 Step 2 • □ resolved (patient/client complaint sent to supervisor of employee involved to work out a satisfactory agreement) • □ Skip to Step 3	Step 3 • □ resolved (CIT HHS Director will meet with patient/client and respond in writing) • □ grievance requested by patient/client, Skip to Step 4 Step 4 • □ grievance referred to HHS Executive Director to discuss with the health board
Was the patient complaint logged by the CITHHS Program involved? □ Yes □ No	Date: _____

Describe action(s) taken by Program Manager or CITHHS Director to resolve issue:

Was the issue resolved? □ Yes □ No

□ Complaint was addressed; however, not resolved to patient/client satisfaction.

□ Complaint filed.

□ Grievance filed; if patient/client not satisfied, state reason(s) why below:

Final follow-up letter mailed to patient/client on the decision of the CIT Health Board?

□ Yes, by: _____

☐ No, not required

Step 5: Was complaint/grievance sent to QI Coordinator for bi-annual report to CIT Health Board?

□ Yes □ No □ Date: _____

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Program Manager Signature / Date:
Health and/or Human Services Director Signature / Date:
HHS Executive Director Signature/ Date: