

Upham's Corner Health Committee, Inc.

d/b/a

**Upham's Corner Health Center ~ Upham's Corner HC Pharmacy ~ Upham's Home Health Care
500 Columbia Road, Dorchester MA 02125
617-287-8000**

PATIENT GRIEVANCE FORM

(This is not the same form for ESP/PACE or for Home Care)

Patient information

PATIENT NAME	PHONE
MEDICAL RECORD NUMBER	HEALTH CENTER SITE

Grievance information

TODAY'S DATE	DATE OF GRIEVANCE
LOCATION/DEPARTMENT WHERE GRIEVANCE OCCURRED	
PERSON REPORTING GRIEVANCE (IF NOT PATIENT)	
STAFF PERSON RECEIVING GRIEVANCE	HEALTH CENTER DEPARTMENT

GRIEVANCE MADE:

in person via telephone other(specify):

GRIEVANCE DESCRIPTION (ATTACH ADDITIONAL PAGES IF NEEDED)

ACTION(S) REQUESTED BY PATIENT

I understand that the Upham's Corner Health Committee will contact me within thirty (30) days to provide a report regarding the resolution of this grievance. If I am dissatisfied with the resolution of this grievance, I may appeal to the Executive Director.

Patient or delegate's signature

Date signed

FOR Upham’s Corner Health Center Use Only

FORWARDED FOR RESOLUTION TO	DATE
HEALTH CENTER COMMUNICATION AND RESOLUTION (ATTACH ADDITIONAL PAGES IF NEEDED)	
RESOLVED BY	SIGNATURE AND DATE
RESOLVED GRIEVANCE SENT TO:	
<input type="checkbox"/> Patient _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by email <input type="checkbox"/> other: _____	

QAPI MANAGER and CEO use only

UCHC LOG #	QAPI MANAGER SIGNATURE AND DATE	CEO SIGNATURE AND DATE