

Upham's Corner Health Committee, Inc.
d/b/a
Upham's Home Health Care
415 Columbia Road, Dorchester MA 02125
617-287-8000

HOME CARE PATIENT COMPLAINT FORM
(This is not the same form for ESP/PACE and the Health Center)

Patient information

PATIENT NAME	
MEDICAL RECORD NUMBER	PHONE

Grievance information

TODAY'S DATE	DATE OF GRIEVANCE
LOCATION WHERE GRIEVANCE OCCURRED	
PERSON REPORTING GRIEVANCE (IF NOT PATIENT)	
STAFF PERSON RECEIVING GRIEVANCE	
GRIEVANCE MADE: <input type="checkbox"/> in person <input type="checkbox"/> via telephone <input type="checkbox"/> other(specify):	
GRIEVANCE DESCRIPTION (ATTACH ADDITIONAL PAGES IF NEEDED)	
ACTION(S) REQUESTED BY PATIENT OR FAMILY MEMBER (OR CAREGIVER) (IF ANY)	

FOR Staff Use Only

FORWARDED FOR RESOLUTION TO	DATE
INVESTIGATION AND RESOLUTION DESCRIPTION (ATTACH ADDITIONAL PAGES IF NEEDED)	
RESOLVED BY	SIGNATURE AND DATE
RESOLVED GRIEVANCE COMMUNICATED TO [& METHOD]:	
To: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Family Member or Caregiver	
Method: <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