

Grievance/Complaint Filing

Name of Patient: _____ **Date of incident:** _____

Name of Person filing complaint:

Contact Information: _____

Please explain problem or complaint:

Other persons involved:

Witnesses if applicable:

Signature: _____ **Date:** _____

GRIEVANCES

Our staff is honored to serve you and your loved ones. We hope that everything is satisfactory with your care and that if the need arises, we may care for you again.

If you have any complaints, concerns, or grievances about your care we hope that you will address them to our Risk Manager - 785-332-9088.

We are always open to suggestions and ways to improve our care. If there is a complaint, we will make every effort to resolve your grievances.

Other state Agencies for Advocacy for grievances if you feel your complaint has not been resolved are:

Kansas OMBUDSMAN:

1-877-662-8362 (toll-free) or 785-896-3017

Email: LTCO@ks.gov

Fax: 785-296-3916

Kansas Adult Protective Services

Toll-Free 800-922-5330

www.dcf.ks.gov

Attorney General's Medicaid Fraud Control Unit: (If you suspect fraud or abuse)

Toll-Free 866-551-6328

GRIEVANCE: KFMC

2947 SW Wanamaker Drive Topeka, KS

66614-4193

Phone 800-432-0407 or Fax: 785-273-5130

KANSAS DEPT. OF HEALTH AND ENVIRONMENT:

900 S. W. Jackson, Suite 1001

Topeka, Ks 66614-4193

Phone 800-432-0407