

Patient Input Form

DO NOT FILE THIS FORM IN THE MEDICAL RECORD

Patient Name: _____
Address: _____

Medical Record Number: _____
Phone Number: _____

Use this form to let us know of any problem you may have with our services. If possible, you will be involved in fixing the problem. Our goal is to work out a solution within **10 calendar days** from the date the complaint is received. Use additional paper if needed.

STEP 1: TALK TO YOUR ASSIGNED COUNSELOR – We want to help you fix the problem. If you are uncomfortable talking to your assigned counselor, then **you may choose to bring it to another staff member**. If the problem is not addressed to your satisfaction using this process, you may at any time contact Tammy Hanson, Director of Clinical Services @ 704-372-6969.

STEP 2: WRITE DOWN THE PROBLEM AND HOW YOU WOULD FIX IT - (If you do not want to write this information, a Dilworth Center staff member receiving the complaint will complete this section for you). It is your right to file a complaint if you are not pleased with services. The Dilworth Center will follow a procedure that has been set up to address your problem. You are asking the Dilworth Center to address the following problem: The problem is _____

If your problem is with someone, please write their name(s) here: _____
This problem can be fixed by: _____

I give my permission to identify me during any necessary investigation. I do not give my permission.
 I can be called at _____ to discuss this situation.

Signature of Patient/Legally Responsible Person

Today's Date

STEP 3: GIVE THIS FORM TO YOUR ASSIGNED STAFF MEMBER – Grey area completed by program staff

Assigned Staff Member: _____
Date Complaint received: _____ I have reviewed the problem and it has been addressed in the following manner: _____

Assigned Staff Member Name/Title

Today's Date

***** Check to see if this patient issue requires an Incident Report. Complete and forward as per policy.**

My Assigned Staff Member or the Dilworth Center staff member of my choice and I have worked together to address the above problem. My problem is resolved. My problem is not resolved.

Signature of Patient/Legally Responsible Person

Today's Date

Date form was forwarded to Director of Clinical Services for review and determination: _____

STEP 4: DIRECTOR OF CLINICAL SERVICES

I have reviewed the above problem and determined that:

_____ A. Patient is satisfied with problem resolution and suggestions have been addressed to improve patient care.

_____ B. Patient is not satisfied and wishes to address their problem with me.

If B., I have addressed the problem in the following manner:

After addressing the problem with me, the patient is satisfied not satisfied

Director of Clinical Services' Signature

Today's date

Forward form to CEO for review and determination.

Date Forwarded

STEP 5: CEO REVIEW

I have reviewed the above problem and determined that:

_____ A. Patient is satisfied with problem resolution and suggestions have been addressed to improve patient care.

_____ B. Patient is not satisfied and wishes to appeal the Director of Clinical Services' decision.

If B., I have addressed the problem in the following manner:

- Appeal Summary: Upheld decision
 Overturned decision
 Responded in writing to complainant within 10 days of appeal request

CEO Signature

Today's Date