

IF PATIENT, check here and place patient label inside box (if no label, complete all information below).

IF EMPLOYEE please check here and complete name only.

Name: _____

DOB: _____ MR#: _____



GRIEVANCE FORM

It is the goal of Total Health Care, Inc. (THC) to provide high quality care with compassion. We appreciate any grievances regarding patient care and services received with us. You may send (securely) your grievance about the care that you or a loved one received to our QI Department using the form below. This form can also be used by THC employees to file a grievance.

We take your feedback seriously and appreciate the opportunity to know what is working well and what improvements need to be made to meet the needs of our patients, visitors and employees.

Note: Please do not use this form for anything other than grievances. Also, this form is not a part of the patient's medical

SITE LOCATION

- Division Street
- Mondawmin
- Saratoga
- Odenton

- Doris Johnson
- Open Gates
- True Health Care

- Men's Health
- Westside Center
- Union Memorial

DEPARTMENT/S INVOLVED

- Administration
- CESH
- HIM
- OB/Gyn
- Pharmacy

- Adult Medicine
- EIS
- Housekeeping
- Security
- Pediatrics

- Dental
- Family Practice
- Lab
- Substance Abuse
- Other: _____

Description OF GRIEVANCE

Please describe the grievance and include any pertinent information (staff names, titles, department, etc.)

Grievance (Continued)

Patient/Parent/Guardian/Employee completing Form: _____
Signature: _____ Date: _____
Print Name

THC RESOLUTION

QI Staff

Signature: _____ Date: _____
(Total Health Care, Inc. QI Staff Member) *(Month/Date/Year)*

(Please complete the entire form and send it to the manager, who will forward it to the Director of Quality at 1501 Division Street).

CONFIDENTIAL—PLEASE DO NOT COPY