

Patient Grievance Form

Patients have the right to file a grievance regarding treatment or care without fear of discrimination or retaliation. Patients may continue to receive care at Prism Health while engaged in a grievance process. Grievance forms are reviewed by the Clinic Manager and may be reviewed by members of the Prism Health leadership team and/or your primary care provider. An initial response to your grievance can be expected within 5 business days of receipt of the Grievance Form. For additional information, please contact the Clinic Manager or the Director of Healthcare Operations.

PATIENT INFORMATION	
Today's Date:	Date of Incident:
Name of Person Making the Complaint:	
Relation to the Patient: Self Other (please state relationship):	
Patient Name:	Patient Date of Birth:
Patient Address:	
Patient Phone number(s):	
ABOUT THE COMPLAINT	
Program or Department Involved: Medical Behavioral Health Patient Support Staff (i.e., Referrals or Reception) Other:	
Name & Title of Staff Member Involved, if applicable:	
SUMMARY OF PROBLEM OR REASON FOR COMPLAINT (attach additional sheets of paper, if needed)	
Patient/Complainant Signature:	

- Completed forms can be submitted to Prism Health in person or by:
- emailing the form to info@prismhealth.org
 - faxing the form to 503-802-0199
 - mailing the form to 2236 SE Belmont Street, Portland, OR, 97214