

United Indian Health Services

Client Complaint/Suggestion Form

(to be completed by the Client/client's family member/care taker)

United Indian Health Services, Inc. welcomes client complaints and/or suggestions as an opportunity to improve services. All clients have the right to make a complaint(s) or provide suggestions related to the delivery of health care for any service at any of our sites. Completing this form will not compromise access to future care.

*

Client's Name _____

Date of Birth _____

Address _____

Date / Daytime Phone _____

City State Zip

Section and Site where incident occurred

This matter is a COMPLAINT

This matter is a SUGGESTION

* Name Optional – if your complaint or suggestion is related to your care, omitting your name could limit our ability to fully investigate the issue or come to a resolution on your behalf

Describe in your own words the information you would like to share:

Attach separate sheet if necessary

Client Signature: _____

Date: _____

Person completing form for client,

Signature: _____

Date: _____

Return or mail to: UIHS Quality Improvement Section, 1600 Weeot Way, Arcata, CA 95521