

**Auburn Community Hospital
Patient Grievance Form**

Patient Name: _____

Address: _____

Phone Number: _____

Nature of Complaint *(check all that apply)*

- Interpreter Services/Language Assistance
- Financial Assistance
- Clinical Care/Quality of Care
- Billing
- Excessive Wait/Access
- Communication
- Hospitality

Date of when issue occurred: _____ Place where issue occurred: _____

Signature of Complainant: _____ Date: _____

Remit Form to:

Christine DeProspero, Risk Management Specialist / Language Assistance Manager
Quality Management Department
Auburn Community Hospital
17 Lansing Street
Auburn, New York 13021

Your concerns are important to us. We are required to respond or provide an update to your concerns within 7 days. All complaints are confidential.

The New York State Department of Health requires us to inform you of your right to complain to their central complaint hotline at 1-800-804-5447.