AUBURN COMMUNITY HOSPITAL

We Specialize in You

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

Details of the Complaint

Date when issue occurred: _____

Place where issue occurred: _____

Description of the Issue:

_____

_____

_____

_____

_____

_____

_____

Complainant Signature: _____ 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 to or provide an update regarding 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.