

Medical/ Dental Clinic
36977 Park Avenue
Burney, CA 96013
(530) 335-3651
(800) 843-7447



Administrative Office
36977 Park Avenue
Burney, CA 96013
(530) 335-5090
Fax (530) 335-5241
FTS (530) 551-5091

Patient Complaint / Grievance Form

Name: _____
Mailing Address: _____
Telephone number: _____ Email: _____

Today's Date: _____ Complaint against (Please Circle One)
Date of incident: _____ Administration, Behavioral Health, Dental, Medical, Outreach,
Fiscal, Senior Nutrition, Transportation, CHS / PRC

Complaint details (please be specific and identify any PRHS personnel involved in the issue):

Continue on back or attach sheets as necessary. Please also attach any supporting documentation you may have.

All patient complaints are to be submitted to the Medical, Dental, or Administrative Receptionist. All complaints will be presented to a committee of relevant staff members for review. Your complaint will be addressed and responded to, writing, and mailed back to you within ten (10) business days following date of receipt.

In the event that you are not satisfied with the written response, you may request, in writing, to appeal to the PRHS Board of Directors. Instructions for this will be included with the staff complaint response.

In signing this document, I grant authorization to the Pit River Health Service Administrator to discuss and/or review my confidential patient chart on a need to know basis.

Signature: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____