



Patient Grievance Form

If you have a question, problem or complaint regarding your care, please let us know by calling 1-800-297-7567. You will be directed to the Branch Manager in your service area for resolution of your grievance. If the Branch Manager is unable to resolve your problem, the Director of Clinical Services will be contacted to assist in the resolution process. This form may also be filled out if you feel the problem should be formally brought to the attention of the Director of Clinical Services. Upon receipt of this form by the Director, an investigation will be initiated with a phone call and follow in written form. Be assured that every effort will be made to investigate and resolve your concern quickly.

Date: _____

Time: _____

Nature of Grievance (Describe fully – a copy of a letter from the person making the complaint may be attached, if necessary):

Patient Name: _____ Insurance #: _____

Patient Telephone #: _____

Patient Address: _____

Person's Involved: _____

Location: _____

Signature: _____

Below are numbers to call in regards to a complaint:

Liberty Medical Specialties: 1-800-297-7567

HOME HEALTH hotline in NC: 1-800-624-3004 or in SC at 1-800-922-6735

Accreditation Commission for Health Care: 855-937-2242

The Department of Health & Human Facility Services: 1-800-624-3004

The Board of Pharmacy in NC: 919-246-1050 or in SC at 803-896-4700.

You may also mail the Department of Health and Human Services, Complaint Intake Unit, 2711 Mail Service Center, Raleigh, NC 27699-2711.

ADMINISTRATIVE USE ONLY:

Date of Investigation: _____ Persons Conducting Investigation: _____

Findings: _____

Action Taken: _____