



# CONFIDENTIAL PATIENT COMPLAINT/GRIEVANCE REPORT FORM

Patients have the right to file a complaint about Denova Collaborative Health (Denova) or its staff or file a grievance regarding treatment or care that is (or fails to be) furnished, without fear of discrimination or retaliation, and have it investigated and resolved in a fair, efficient, and timely manner. All complaints and grievances will be given serious attention. If you want to file a complaint or grievance, please complete this form and submit it via email (compliance@denova.com) or by mail at: Denova Collaborative Health, Ethics & Compliance Department, 3101 N. Central Ave., Suite 550, Phoenix, AZ 85012.

Once completed and submitted, this form will be routed to the appropriate Program Director or Department Leadership. All complaints will be immediately reviewed, and all attempts will be made to resolve within 3 business days. Complaint resolution will be provided verbally. For complaints requiring further investigation and for grievances, Denova will send a written response within 30 days of receipt of this form.

TODAY'S DATE: \_\_\_\_\_

PERSON REGISTERING THIS COMPLAINT OR GRIEVANCE			
<input type="checkbox"/> <b>Patient</b> (If Patient, please select then move to 'PATIENT INFORMATION' section below)			
<input type="checkbox"/> <b>Other</b> – Please indicate relationship to patient: _____			
First Name:	Last Name:		
Address:	City:	State: _____	Zip: _____
Email Address:	Phone:		
PATIENT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Patient ID (if known):	Birth Date: (MM/DD/YYYY)	Gender:	
Address:	City:	State:	Zip:
Email Address:	Phone:		

GENERAL COMPLAINT OR GRIEVANCE INFORMATION	
Date the Concern/Issue Occurred:	Time the Concern/Issue Occurred: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location Concern/Issue Occurred:	
Names of Staff Involved (If Known):	
COMPLAINT TYPE (select all that apply)	
<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Delayed Return Call(s) from Bayless
<input type="checkbox"/> Billing Error (Basic)	<input type="checkbox"/> Lost Property
<input type="checkbox"/> Facility Cleanliness/Repairs Needed	<input type="checkbox"/> Provider Change Requested
<input type="checkbox"/> Technology Issues	<input type="checkbox"/> Staff Interactions (rudeness, disrespect)
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> General Dissatisfaction
<input type="checkbox"/> Privacy	
COMPLAINT OR GRIEVANCE DESCRIPTION (In your own words, describe your concern. Please be detailed.)	
Click or tap here to enter text.	

If you attach other pages, please check this box

<b>Patient or Representative Signature:</b>	<b>Date:</b> Click or tap to enter a date.
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If you have any questions, or prefer to file a complaint verbally, please contact a Denova Customer Service Representative at 602-230-7373, Monday through Friday, 7am to 6pm

**CONFIDENTIAL PATIENT COMPLAINT/GRIEVANCE  
REPORT FORM (Continued)**

-----FOR OFFICE USE ONLY – (If tracking hardcopy form) -----

NAME OF PERSON WHO RECEIVED THE COMPLAINT		
Name:	Phone:	Email:
<input type="checkbox"/> Please Check Here if this was received via phone call.		
<input type="checkbox"/> Please Check Here if this was received via Compliance Helpline.		
<input type="checkbox"/> Please Check Here if this is a complaint (resolved by staff within 3 business day)		
<input type="checkbox"/> Resolved Complaint (Indicate Department): _____ <input type="checkbox"/> Unresolved Complaint <input type="checkbox"/> Grievance		

COMPLIANCE OR QUALITY	Complaint/Grievance Number:
Date Received by Compliance or Quality Department:	
Date Initial Review Completed:	Reviewer:
<input type="checkbox"/> Quality <input type="checkbox"/> Compliance <input type="checkbox"/> Operations <input type="checkbox"/> HR <input type="checkbox"/> Other Department _____	

**IF this is determined to be an Unresolved Complaint or Grievance, COMPLETE THIS SECTION**

Date Investigation Concluded:	Investigator:
NOTES:	

Was a Response Letter mailed to patient/complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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