



Patient Concerns and Grievances Form

As Stated in your Bill of Rights and responsibilities, you have the right to be given appropriate and professional quality home care services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained, or discriminated against.

HomeChoice Partners staff strives to ensure quality products and services that are consistent with our philosophy. If you are unhappy with our service, we would like you to tell us. You may either complete this form or call our office at the number listed below to report your complaint. A representative from HomeChoice Partners will call you within 48 hours of receipt of your concern. You will also receive a written response with follow-up within 7 to 10 working days of receipt.

Call Kathy Puglise, MSN, BSN, RN, CRNI at (757) 855-4255 or (800) 745-7764.

Or mail form to:

HomeChoice Partners

Attn: Kathy Puglise, MSN, BSN, RN, CRNI
Vice President of Patient Care Services
5365 Robin Hood Road, Suite 200
Norfolk, VA 23513

Complaints may also be reported to:

Department for the Aging Long Term Care Ombudsman, Joani Latimer
24 East Cary Street, Suite 100, Richmond, VA 23219
Phone: (800) 552-3402

Or

Center for Quality Health Care Services and Consumer Protection
3600 West Broad Street, Suite 216, Richmond, VA 23230
Phone: (800) 994-6610

Or

The Joint Commission
Phone: (800) 994-6610

Thank you in advance for bringing your concern to our attention, as it will assist us in our continuing effort to improve quality services to you.

Patient's Name _____ Relationship to patient: _____

Description of the problem or concern (include dates, times and names, if possible.):

Form completed by (signature) _____

TO BE COMPLETED BY THE ORGANIZATION

Date complaint received: _____ By: _____

Verbal follow up with patient by: _____ Date/Time: _____

Items discussed: _____

Follow up/Action Taken: _____

Resolution: _____

Written Response to patient from: (attach copy) _____ Mailed: _____

Completed by: _____ Date: _____

Administrator: _____