

Patient Grievance Form

At our surgery centers, we make every effort to take the best possible care of our patients. We understand that, despite our best efforts, there will be times that a patient may have an unresolved problem or complaint.

This form is provided for you to register your complaint or concern with the ASC Director:

Lisa Smith, RN.

You can be assured that the Clinical Director of Bradford Place Surgery/Surgery Center of Branson/Four States Surgery Center will review this information and make every effort to resolve this matter to your satisfaction.

- Four States Surgery Center*** 1905 W. 32nd Street Suite 201 Joplin, Missouri 64804
- Bradford Place Surgery*** 1531 E. Bradford Suite 120 Springfield, Missouri 65804
- Surgery Center of Branson*** 1000 James F Epps Road #3 Branson, Missouri 65616

Please answer the questions below. Your cooperation will allow us to investigate and resolve the situation.

1. State the problem or complaint:

2. To whom was your concern originally reported?

3. Witnesses or other's involved:

4. What could have been avoided to prevent this situation from occurring?

5. What would you like to see completed at this time to resolve the situation?

Signature of person completing form

Date

FOR OFFICE USE:

6. Discussion/action taken:

7. Resolution/satisfactory results:

8. How was the grievance addressed and personnel involved? Telephone
 Verbal/In Person E-Mail Written Other

Signature of ASC Director

Date

Printed Name of Contact Person (417) 886-3900

Date

Signature of Medical Director (within 15 days of grievance)

Date

Printed Name of Medical Director

Governing Body Notification:

Date

Grievance Process Completed:

Date

Written Notification Sent:

Date