**DOWNEAST Surgery Center**

**PATIENT COMPLAINT or GRIEVANCE POLICY**

**PURPOSE:** To establish a mechanism for receiving, acting on and responding to complaints from patients, family members, and/or legal representative regarding treatment or care that is (or fails to be) furnished. Feedback from customers is essential to providing good service.

**Policy & Procedure:**

1. Any individual has the right to voice complaints and recommendations for changes in policies and services to the Clinical Director, PACU/PAT Manager, CEO, or any member of the organization staff, and/others without threat or use of restraint, interference, coercion, discrimination or reprisal. DESC will investigate all grievances made by the patient or the patients’ representative regarding treatment or care that is (or fails to be) furnished.
2. Alleged violations/grievances relating to, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse will be reported immediately to the CEO, fully documented and dealt with immediately (or same day). Appropriate significant allegations will be reported promptly after the ASC concludes its investigation of the grievance to the state authority, the local authority, or both.
3. Each patient, family member, and /or legal representative shall be informed of the mechanism for filing complaints upon admission, and a description of the mechanism shall be posted prominently.
4. Any person wishing to file a complaint can request a complaint/grievance form from any staff member. These forms are located at the reception desk. If a form is not desired but rather an individual wishes to file a verbal complaint they should be directed to the office of the Clinical Director. If the individual chooses to verbally express their concerns to a staff member, it is that staff member’s responsibility to document the concern as expressed and take it to the office of the Clinical Director. All complaints/allegations will be immediately reported to the CEO.
5. The Clinical Director will review all complaints within (48) hours of receipt of the complaint. The Clinical Director will then submit a written response to the individual filing the complaint within (5) business days after the review is complete. The response will contain the name of the ASC contact person, steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed. The facility CEO will arbitrate any disagreement past this first step.
6. Upon completing the review, with the assistance of the appropriate staff from the department which the complaint refers, appropriate corrective action will be taken where indicated. A report of such grievances will be reported to the governing body.
7. Additional sources of assistance, such as the Ombudsman, Legal Services for the Elderly, Adult Protective Services, and/or the State Licensing & Certification Agency are available to patients and families, etc., their addresses and telephone numbers are posted in the facility on the Patient’s Rights posting.
8. A summary of the complaint received, findings, and any corrective action taken shall be kept on file in the Clinical Director’s office.

**DownEast Surgery Center complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_