



PATIENT/CLIENT COMPLAINT/GRIEVANCE PROCESS

You have a right to address any complaints and concerns you may have about services you receive at any CrescentCare site. You can expect to tell us about your concerns without fear: we will not retaliate against you, and filing a complaint will never affect your ability to get your healthcare or other services from us. These are the steps to file your complaint and what you need to know about how we will handle it:

1. You are encouraged to address complaints with the staff member involved in your care. Try to work out your problem with them. If that doesn't work, ask for their supervisor.
2. If you do not agree with the supervisor, you can file a formal grievance.
3. To file a formal grievance, you can ask for a Patient/Client Grievance form from the staff or from clinic leadership. You do not have to use this form. You may write out your concerns on any sheet of paper or in an email, in your own words and submit it to staff, departmental or clinic leadership, or to the Compliance Officer. You can also use the reporting hotline by calling
4. 844-942-2783 to leave details; you have the option of making the call anonymously.
5. When we receive your verbal or written concerns, the Department Director will work with Director of Compliance, or designee, to look into your complaint/grievance. This can include interviews with you and other people you list on the form and/or within the Agency to help to resolve your grievance.
6. The Department Director will investigate and meet with the Compliance Officer about what was found and how we plan to respond to your concerns.
7. Within five (5) working days of receiving your complaint, we will communicate with you about the results of our investigation. Our response may be provided during a meeting with you, during which you can discuss the outcome of our investigation. Or we could handle your concern with a phone call or email if you agree and we think it's appropriate. If our investigation takes longer than five (5) working days, the Director of Compliance, or designee, will contact you to give you a status update and to let you know that CrescentCare will follow-up with you within a stated number of days.
8. A record of each complaint/grievance filed with CrescentCare will be maintained in our incident reporting platform. We use this system to review patterns and improve our services.
9. If you are dissatisfied with CrescentCare's response, you can make an appeal through various entities that oversee our programs. To obtain further information, you should let us know that you wish to file an appeal so we can provide you with any information you need to do so. Your rights will not be affected by making a complaint or filing a grievance.
10. You always have the right to bring someone else (a friend, family member or lawyer) to advocate for you in this process.



PATIENT/CLIENT COMPLAINT/GRIEVANCE FORM

You have the right to file a complaint with us about how you were treated. To exercise this right, you do not have to use this form, you can call or email us. You can complete, sign and date, and submit your complaint to:

Director of Compliance
1631 Elysian Fields Ave
New Orleans, LA 70117

You may, in addition or as an alternative to filing an complaint with us, file a complaint with the United States Department of Health and Human Services, Office of Civil Rights. Ask a CrescentCare staff member to help you locate those resources.

Name:	Email:	Phone:
Address:		

Patient Complaint (please provide a detailed description of your complaint; use additional paper if necessary):
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Please tell us what resolution you are seeking for this complaint:

Patient Printed Name:	Patient Signature:	Date:
Patient Representative Printed Name:	Patient Representative Signature:	Relationship: