

PATIENT CONCERNS / GRIEVANCES FORM



ALLIED
HEALTH SOLUTIONS
A DIVISION OF
WVUMedicine

The Allied Health Solutions team strives to ensure quality products/services that are consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality 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.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form, or call us at the number listed below. **You may report concerns about safety or the quality of care to the West Virginia Board of Pharmacy without retaliatory action from Allied Health Solutions at: 304-558-0558 from 8:30 am to 5:00 pm, Eastern time.**

Within 7 calendar days of receiving your concern, we will notify the beneficiary by letter that the matter is under investigation. If the resolution will take longer than 7 days, the acknowledgment letter will inform the patient or the patient's representative that we are actively working with to resolve the grievance and will include the current progress and the time frame for future updates.

Mail form to:
Allied Health Solutions
PO Box 8281, Morgantown, WV 26506

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

Patient's Name: _____ Birth Date: _____

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

Completed by (printed and signature): _____ Date: _____

Relationship to patient (if applicable): _____

FOR OFFICE USE ONLY

Patient's Address: _____

Patient's Telephone Number: (____) ____ - ____ Patient's ID Number: _____

Form received by: _____

Follow-up by phone completed by: _____ Date: _____ Time: _____ AM/PM

Items discussed: _____

Resolution / Action taken to resolve the complaint: _____

Follow-up by letter completed by: _____ Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____