

FY Log No: \_\_\_\_\_

Date Received: \_\_\_\_\_

MR No: \_\_\_\_\_

Date Resolved: \_\_\_\_\_

ALASKA PSYCHIATRIC INSTITUTE  
Complaint/ Grievance/ Comment/ Suggestion/ Compliment Form

Patient Name:	Unit:
<input type="checkbox"/> Non-Urgent Concern/ Grievance <input type="checkbox"/> Urgent Grievance <input type="checkbox"/> Comment/ Suggestion <input type="checkbox"/> Compliment	
Please tell us your concern/compliment or comment. Include staff names, dates, times, and any other details:	
Please describe your efforts to resolve this informally; include any response you received and include staff names, dates, times, and any other details:	
How would you like this to be resolved?	
API Patient Signature:	Date/ Time:
Patient Advocate Staff Response/ Resolution Offered:	
PA Staff Signature:	Date/ Time:
<input type="checkbox"/> I agree with this resolution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, I wish to appeal this resolution <input type="checkbox"/> Yes <input type="checkbox"/> No	
API Patient Signature:	Date/ Time:

PATIENT ID LABEL HERE

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## THE GRIEVANCE PROCESS

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A complaint and grievance process are a formal system that our organization has in place to handle complaints or grievances raised by employees, customers, or other stakeholders. The process is designed to provide a fair and consistent way for individuals to voice their concerns and seek resolution.

**Filing a Grievance:** The first step in the process is to file a complaint or grievance in writing, outlining the details of their concern.

- Grievance forms are located on all units.
- Place the form in the patient grievance box below the patient right and responsibilities poster.
- Staff is available for any assistance in either filling out the grievance or explaining the process.

**Investigation:** API will then investigate the complaint, gathering any relevant information or evidence and interview any involved parties.

- The Patient Advocate will meet with you to talk about the concern or grievance.
- If Patient Advocate not available, the nursing shift supervisor or designed will follow up.
- When necessary, external agencies shall be part of the investigation.

**Review:** API will review the findings of the investigation and determine whether the complaint has merit and what resolution is appropriate.

- API will strive to resolve patient grievances and provide a written response within seven (7) business days from when the grievance was received.

**Resolution:** API will take action to resolve the complaint to the best of our ability.

- When the grievance has been resolved, the Patient Advocate staff will provide the patient or the patient's representative written notice of the hospital's conclusions.

**Appeal:** If the individual is not satisfied with the outcome of the process, they may have the right to appeal the decision.

- Patient may also seek redress to their grievance by contacting the hospital's Quality Assurance and Program Improvement Director. In addition, contact information for external agencies will be provided to the grievant.
- A final written notice in the form of a letter will be provided at the conclusion of the appeal process.