

Grievance Policy

FORM 147 - R240702

Our patient grievance policy is in place to provide our families, healthcare providers, or other related entities an opportunity to express concerns regarding services rendered by our clinic physicians and staff. These concerns will be reviewed, addressed, and resolved. Our aim is to increase patient satisfaction, improve quality of care, and better identify areas that need improvement in a timely manner.

Date of Incident _____ Date of Grievance _____

Your Name _____

Your Child's Name _____

Your Primary Care Physician's (PCP) Name _____

Staff/Physician Involved _____

PLEASE STATE YOUR GRIEVANCE IN AS MUCH DETAIL AS POSSIBLE:

HOW CAN THE CLINIC ADDRESS YOUR GRIEVANCE?

FOR OFFICIAL SALEM PEDIATRIC CLINIC USE ONLY

CLINIC'S RESOLUTION:

Staff/PCP Signature _____ Date _____

Managing Physician Signature _____ Date _____



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