




**PATIENT'S
RIGHTS**

The patient has the right to make a complaint regarding medical, dental or behavioral health services.


- The staff of the Karuk Tribal Clinic will attempt to resolve any patient complaints at the time they are presented. If this initial effort is not successful a patient may submit a formal, written complaint.
- A patient, parent, or guardian has the right to request a review of his/her complaint by completing a patient complaint form.
- The complaint will be submitted to the Deputy Director for further review.
- To submit a complaint the following procedure must be followed:



The patient's complaint must be in writing and submitted or mailed to Manager of HRSA, Compliance, and Accreditation:

**Jodi Henderson
Post Office Box 1016
Happy Camp, CA 96039**

1. Please use this form, which is available at each clinic to file your written complaint.
2. Investigation of the complaint will begin within three working days after receipt of complaint.
3. The patient will receive written notification that his/her complaint has been received within five working days.
4. Compliance will have fifteen working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.
5. The patient may submit his/her complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from Compliance.
6. If you receive an unsatisfactory response you may contact the Tribal Administration Office at (530) 493-1600 and ask to be placed on their agenda.



Date: _____

Name: _____

(Required)

Address: _____

Phone: (_____) _____

Facility:

- Medical—Happy Camp
 Medical—Orleans
 Medical—Yreka

- Dental—Happy Camp
 Dental—Yreka

- Behavioral Health—HC
 Behavioral Health—Yreka

Were you a patient? visitor?

Please list any staff or person witnessing the incident: _____

Location of the incident: _____

PLEASE COMPLETE OTHER SIDE



Describe in your own words what your concern is:

How would you like to see this situation resolved?

COMPLAINT FORM

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM



KARUK TRIBAL HEALTH AND HUMAN SERVICE PROGRAM

P O Box 1016
64326 Second Avenue
Happy Camp, CA
Phone: (530) 493-1600 Ext. 2045
Fax: (530) 493-1660

Karuk Tribe
(530) 493-1600
Extension 2045