COMPLAINT FORM

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

Post Office Box 1016
64236 Second Avenue
Happy Camp, Ca. 96039
Phone: (530) 493-1600 Ext. 2115
Fax: (530) 493-1640

Karuk Tribe
(530) 493-1600
Extension 2115

Describe in your own words what your concern is:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
How would you like to see this situation resolved?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM
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 the Deputy Director:

**Lessie Aubrey**  
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. The Deputy Director 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 the Deputy Director.
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: ______________
__________________________________
Date and time of incident: _____________
__________________________________

PLEASE COMPLETE OTHER SIDE