

Describe in your own words what your					
concern is:					

resolve	d?		





Post Office Box 1016 64236 Second Avenue Happy Camp, Ca. 96039

Phone: (530) 493-1600 Ext. 2115 Fax: (530) 493-1640



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM



**Karuk Tribe** 

(530) 493-1600 Extension 2115





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
<ul><li>Dental—Happy Camp</li><li>Dental—Yreka</li></ul>
<ul><li>☐ Behavioral Health—HC</li><li>☐ Behavioral Health—Yreka</li></ul>
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