PATIENT GRIEVANCE FORM

Community Health Services, Inc.

Hartford, CT 06120-2599
Phone (860) 249-9625
FAX (860) 808-1540

You or your authorized representative may file grievance regarding care from Community Health Services Inc. Each grievance will be investigated and resolved in a timely manner. To file a grievance, please complete this form and return it to the appropriate CHS Staff.

Grievance Submitted: In Person ☐ Via Email ☐

Please clearly print the following information:

Patient Full Name:): _____ **Date of birth**_____

Address: _____ City, State, and Zip: _____

Home phone/Cell phone: _____ Date of Incident: _____

Briefly describe your grievance (Give the name(s) of the provider /staff involved in incident. Continue on back if necessary)**:**

EHS #: _____

Patient Signature

CHS Staff

Patient Grievance (continue….)