

BRAZOS VALLEY COMMUNITY ACTION AGENCY
Health Services

Policies and Procedures

Policy Subject/Title: Client Suggestion/Complaint Process
Applicability: All Clients at all Clinic Site
Purpose: To investigate all complaints in a uniform process.

Policy: To efficiently address all client suggestions/complaints for the purpose of improving client centered care.

Procedure: When a client wishes to file a complaint/suggestion the following process shall be followed:

- 1) When a client notifies any staff person that they are dissatisfied with some aspect of their care or that they would like to make a suggestion they will be told about the suggestion/complaint procedure and offered the form to complete. It is acceptable for staff to record the complaint on the form at the client's request but it is recommended that the form be signed by the client or that it is documented that the information was obtained via a telephone call.
- 2) When these forms are received by staff they will be **sent to the Performance Improvement Department**. They will be logged in as being received in the department and to what department director/manager they are being sent for resolution.
- 3) Within five (5) business days **of receipt of complaint** each director/manager will respond to the patient by telephone and/or in writing and document **the results of that interaction** on the "Suggestion/Complaint Response" form **or include attachments**.
- 4) If the director/manager is not able to resolve a client complaint **within five (5) days of receipt** to the satisfaction of the client, the complaint will be forwarded to the director's/manager's supervisor for resolution. **The patient will be informed that this is being forwarded to an Administrator and that they will be contacted by that Administrator.**

- 5) If an administrator is involved in the resolution of a complaint the administrator will document all actions/interactions involving the resolution of the complaint **within 5 days of receipt** of the complaint and submit it to the Performance Improvement Department.
- 6) The resolved complaint is maintained in the Performance Improvement Department.
- 7) A report of the types of complaints and the circumstances involving any identified trends will be reported to the Continuous Process Improvement Committee at least quarterly.

BRAZOS VALLEY COMMUNITY HEALTH CENTERS
CUSTOMER SUGGESTION/CONCERN

Dear Client: We are so glad that you have chosen us as your healthcare provider. We look forward to serving you and your family.

If you have a suggestion or concern that you would like for us to review, please complete the following form. You may hand it to a staff member and ask them to turn it in for you, you may place it in the "Suggestion/Concern" box in the lobby or you may mail it to us at the following address: Quality Assurance Officer, 3370-B South Texas Avenue, Bryan, Texas 77802.

Thank you for helping to make us better!

Your Name: _____ Date: _____
Address: _____ Phone: _____
Suggestion/Complaint: _____

How do you believe we could solve this problem? _____

When may we contact you to talk about this? _____

Your Signature

THANK YOU FOR BRINGING THIS TO OUR ATTENTION. YOU SHOULD HEAR FROM US WITHIN 45 DAYS.

BRAZOS VALLEY COMMUNITY HEALTH CENTERS

SUGERENCIA/PREOCUPACIÓN DE CLIENTE

Estimado cliente: estamos contentos de que nos han elegido como su proveedor de atención médica. Esperamos servirles a Ud. Y a su familia.

Si tiene una sugerencia o inquietud que le gustaría que revisáramos, rellene el siguiente formulario. Puede entregárselo a un miembro del personal y pedirles que lo entreguen, puede colocarlo en la caja "Sugerencia/Preocupación" en el lobby o puede envíelo a nosotros en la siguiente dirección: Oficial de garantía de calidad, 3370-B South Texas Avenue, Bryan, Texas 77802.

Gracias por ayudar a hacernos mejor!

Su Nombre: _____ Fecha: _____
Dirección: _____ Teléfono: _____
Sugerencia/queja: _____

¿Cómo cree usted que podríamos solucionar este problema? _____

¿Cuándo podemos contactar a hablar de esto? _____

Su firma

GRACIAS POR LLEVAR ESTO A NUESTRA ATENCIÓN. DEBE ESCUCHAR DE NOSOTROS DENTRO DE 45 DÍAS.