



GRIEVANCE PROCESS

Any patient may initiate a written or verbal complaint/grievance to any Citizens Health Associate at any time. This form may be used to formally document the complaint/grievance. This form may be given to any Citizens Health Associate or filed directly with the Citizens Health Risk Manager at 785-460-1224. Patients may also file a complaint with the Kansas Department of Health and Environment by calling the complaint hotline at 1-800-842-0078, 1000 S.W. Jackson Suite 200, Topeka, KS 66612.

Complaint/Grievance:

Your issue will be addressed within ten (10) business days of receipt in the Risk Management Department.

Signature: _____ Date: _____ Time: _____

Address: _____
City State Zip

Telephone #: _____