

WHAT IS A COMPLAINT?

A complaint is any concern that you may have about your service(s) or the Health and Human Services Department's operations.

Some examples may include but are not limited to the following:

- Staff courtesy (front desk, nurse, provider, etc.).
- Respect for privacy and confidentiality of client's information.
- Communication between staff, client and client's care giver.
- Pain management.
- Wait time.
- Cleanliness of the clinic.
- Client's involvement in their care.

WHO CAN REPORT A COMPLAINT?

Complaints can be reported by clients or client's care giver.

WHAT INFORMATION SHOULD I PROVIDE WHEN REPORTING A COMPLAINT?

Please provide as much of the following information as possible when reporting a complaint:

- Location of the clinic.
- Who has been involved or affected.
- A complete description of your concern.
- Date(s) and time(s) of the incident(s).
- Your views and expectations.
- Names of any other individuals or agencies you have contacted and a phone number if available.
- Any other details or documentation that will add value to the complaint.

AM I REQUIRED TO PROVIDE MY CONTACT INFORMATION?

You may choose not to provide your name and/or contact information. However, we will not be able to contact you to gather any further necessary information or to inform you of the outcome.

WILL I REMAIN ANONYMOUS IF I PROVIDE MY CONTACT INFORMATION?

A complainant's identity is disclosed only to those individuals who are acting in an official capacity to investigate the complaint.

WHAT HAPPENS AFTER I REPORT A COMPLAINT?

Every complaint is documented and investigated. If you have provided contact information, you will receive a written acknowledgment that the complaint is being investigated. All complaints will be investigated and responded to within 20 days of receiving the complaint. If an investigation requires more time, you will be advised accordingly.

Complaints that are not related to the NHBP Health and Human Services Department's services will be referred to the appropriate department whenever possible.



HEALTH AND HUMAN SERVICES DEPARTMENT COMPLAINTS

Do you have a concern about the NHBP Health and Human Services Department's service(s) or the clinic's operations?

1. Talk about it with the individual involved and give them a chance to address the concern. If that doesn't work;
2. Complete the complaint form inside this brochure and place it in the drop box in the waiting room area; or
3. Mail to:
Health and Human Services Director
Health and Human Services Department
1474 Mno-Bmadzewen Way
Fulton, MI 49052; or
4. Call the Health and Human Services Director at 269.729.4422 ext. 8344



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CLIENT COMPLAINT FORM

Client Record Number: _____ Client Name: _____

Date of Complaint: _____ Time: _____ A.M. _____ P.M.

Address and/or phone for follow up: _____

Service Received: _____ Medical _____ Behavioral Health _____ Physical Therapy _____ Dental

Clinic Location: _____ Grand Rapids _____ Pine Creek _____ NHBP Health at FireKeepers

Description (Briefly describe complaint, provide dates, times, location and persons involved; if complaint is written, attach copy and other supporting documentation):

Use additional sheet of paper if necessary.

What are your views and expectations? _____

Who has been involved and/or affected? _____

Names and numbers of any other individuals or agencies you have contacted: _____

