Citrus County Rural Health

Patient Grievance/Complaint Form

Confidential – All information is protected under HIPAA and used only to investigate and resolve your concern.

Date of Submission: _____

Patient Information

(Optional – Anonymous submissions are accepted. Providing contact information allows us to follow up with you.)

Patient Name: _____

Date of Birth: _____ Patient ID (if known): _____

Address:

Phone: _____ Email: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

If Filing on Behalf of the Patient

Your Name: _____ Relationship to Patient: _____

Your Contact Information: _____

Grievance/Complaint Details

Date(s) of Incident: _____

Location/Site where incident occurred: _____ (e.g., 927 N Citrus Ave, Crystal River, FL 34428)

Description of Concern:
(Please describe what happened, who was involved (names/titles if known), how it affected you, and any other relevant details. Attach additional pages if needed.)

Desired Resolution:
(What outcome would help resolve this concern for you?)

Signature *(Optional for anonymous submissions)*

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only

Received By: _____ Date Received: _____

Acknowledgment Sent: ☐ Yes **Date: _____**

Assigned To: _____

Resolution Summary:

Written Response Sent: ☐ Yes **Date: _____**

Grievance ID #: _____

Submission Instructions

- **In Person or Mail:**
  - Citrus County Rural Health
    Attn: Grievance Coordinator
    927 N Citrus Ave
    Crystal River, FL 34428
- **Phone:** 352-565-7342
- **Email:** care@ccrhealth.org]
- **Online:** Submit via the form on our website (ccrhealth.org/patient-grievance)

Important Information for Patients

- Filing a grievance or complaint **will not** affect your current or future care or access to services.
- You will receive acknowledgment of receipt within **3–5 business days**.
- A written response with investigation findings and actions taken will be provided within **30 days** (we will notify you if more time is needed).
- If you are unsatisfied with the resolution, you may appeal to the CEO and/or the governing board.

Federal Tort Claims Act (FTCA) Notice:
This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

Citrus County Rural Health
927 N Citrus Ave, Crystal River, FL 34428
Phone: 352-565-7342
Website: www.ccrhealth.org
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