

## **Online Complaint & Grievance Process**

In alignment with MLKCH's values of caring, collaboration, accountability, respect, and excellence, our Patient Experience team values and understands the importance of your feedback.

You, your family, significant other or guardian have the right to tell us when something goes wrong during your visit or stay. Should you need to present a complaint, your care will not be affected in any way. Should you wish to file a complaint by phone, in person, or written letter, a Patient Experience Representative will acknowledge your communication within 7 days.

### **How to contact Patient Experience:**

Via email- [feedback@mlkch.org](mailto:feedback@mlkch.org)

Via phone- 424-338-8859

### **When presenting your issue...**

Please be prepared to provide the following information:

- Your/Patient's name and date of birth
- Your medical record number
- Nature of your complaint
- Name(s) of the person(s) involved
- The department in which the problem occurred
- The date on which the problem occurred
- Your ideas about how you would like us to help or your desired outcomes and resolutions

### **Our investigation will include:**

- Asking your permission to start the investigation in circumstances where someone else is calling on your behalf
- Speaking with you and/or your family so that we understand your concerns
- Reporting your statements to our leadership team members of which your concerns are attributed and collaborate to resolve the issue
- Reviewing all appropriate documents, including your medical record, if necessary
- Collaborating with you on a possible resolution

### **What to expect from the process:**

An MLK Representative will contact you, review your complaint, and make every effort to resolve your concerns at that time. We make every effort to resolve issues within 30 days, but that may not always be possible.

A letter will be sent to you with the resolution, as well as the following information:

- Names of appropriate contacts
- Steps taken for the review
- Results of the review
- Completion date

Thank you for contributing to our efforts to improve the quality and service of care to you, your family, and our community by participating in this process.