

Riverside-San Bernardino County Indian Health, Inc. COMMENTS/COMPLAINTS REGARDING PROGRAM SERVICES

(For use by Patients)

CONFIDENTIAL - DO NOT PHOTOCOPY.

Date:	Clinic:	Department:
		Phone #:
		Relationship
Date of Inciden	t:	Time of Incident:
Please describe the con	nment/complaint and inc	elude pertinent information (names, titles, of employee(s), etc.)

Information on submitting Comments/Complaint form on back of this form.

Quality Improvement Department is to respond to you within 2 days of receipt.



Riverside-San Bernardino County Indian Health, Inc.

All Comments or Complaints regarding the services provided can be reported:

1. In Person

To the Department Director/Manager/Supervisor And/or

<u>Quality Improvement Manager at San Manuel Clinic</u> or <u>Facilities Coordinators at Morongo Clinic or Soboba Clinic</u>

MEDICAL	Provider– Dr. Philip Farabaugh Nursing– Eric Eschweiler
DENTAL	Dr. Jay Chilson
EYE CARE	Dr. Chad Stockert
внѕ	Dr. John Davis
LAB	Samantha Bryars
HIM-Medical Records	Lucy Ontiveros
PT. REGISTRATION / PT. SERVICES	Mathew Iversen
NUTRITION	Afua Khumalo
DIABETES PROGRAM	Holly Brawner
PHARMACY	Jeevan Dhouni
OUTREACH	Gabrielle Hernandez
RADIOLOGY	Nicole Jennings

2. By Calling

Quality Improvement Department 909-864-1097 ext. 4781 Morongo Facilities Coordinator ext. 1104 Soboba Facilities Coordinator ext. 4220 Or Department Director/Manager/Supervisor Listed above

3. In Writing completing Comments/Complaint form addressed to

Riverside-San Bernardino County Indian Health, Inc. Quality Improvement Department 11980 Mt. Vernon Ave Grand Terrace, CA. 92313

Or submit completed form to Clinic Receptionist to forward to Quality Improvement Dept.

Quality Improvement Department is to respond to you within 2 days of receipt.