



## **ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL**

### **Office of Patient Experience Grievance Procedure**

Zuckerberg San Francisco General Hospital wants to provide you with quality health care in a respectful, compassionate manner. If we did not meet your expectations during your stay or visit, we want to hear about it.

**Q: Who can submit a grievance?**

**A:** Any patient/visitor may file or communicate a concern/grievance regarding their treatment. If you are unable to file or communicate a concern/grievance, a family member, spouse, or significant other may file a concern on your behalf.

**Q: What happens after submitting a grievance/concern in writing?**

**A:** Below is the concern process:

- 1)** Our office will send an acknowledgement/confirmation that we have received your concern.
- 2)** We will reach out to the department where the concern occurred.
- 3)** The department lead will be reaching out to you via phone to learn more about your experience.
- 4)** The department lead will conduct an investigation of the occurrence and provide you with response of the outcome within 30 business days.

If you have any questions, feel free to contact our office at:

Building 25, Room H1246  
1001 Potrero Avenue  
San Francisco, CA 94110  
Phone: (628) 206-5176  
Fax: (628) 206-8878  
Email: [dph-patientexperience@sfdph.org](mailto:dph-patientexperience@sfdph.org)



## PATIENT EXPERIENCE STATEMENT

Please submit completed form in person, by mail, fax or email to the Office of Patient Experience. Today's Date: \_\_\_\_\_

### PART I. PATIENT INFORMATION

Patient's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone: ( ) \_\_\_\_\_ Okay to leave a message?  Yes  No

Name of your usual/primary doctor/ nurse practitioner: \_\_\_\_\_

Primary Care Clinic/Location: \_\_\_\_\_

### PART II. STATEMENT (This form is for Grievances and Compliments)

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location(s)/ department(s) involved: \_\_\_\_\_

**SUMMARY OF WHAT HAPPENED:** Please include names and/or position of staff involved, if known: \_\_\_\_\_

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