



## *Patient grievance notice*

**Patients shall have opportunity for comment, complaint, or suggestion by completing the Patient Questionnaire provided. Appropriate action shall be taken as deemed necessary. Any action not taken that the patient deems necessary shall be directed to the Pend Oreille Surgery Center Board of Directors by submitting a certified, return receipt letter to:**

Pend Oreille Surgery Center  
Board of Managers  
Attention | President  
CONFIDENTIAL  
30544 Hwy 200, Suite 201  
Ponderay, Idaho 83852

All Patient Surveys are reviewed by the Quality Assurance Committee. Grievances are addressed through the QA Committee unless addressed otherwise through appropriate channels. All actions are documented and reported according to Quality Assurance Standards and Policy and Procedures.

Issues pertaining to Clinical care will be referred to the Clinical Manager.

Issues pertaining to Administration including the Business Office will be directed to the Business Director.

All other issues will be directed to the Medical Director or Board of Managers.

We appreciate your patronage and value your comments.

*Thank you*