



## PATIENT'S RIGHTS

The patient has the right to make a complaint regarding medical, dental or behavioral health services.

- The staff of the Karuk Tribal Clinic will attempt to resolve any patient complaints at the time they are presented. If this initial effort is not successful a patient may submit a formal, written complaint.
- A patient, parent, or guardian has the right to request a review of his/her complaint by completing a patient complaint form.
- The complaint will be submitted to the Clinical Operations Administrator for further review.
- To submit a complaint the following procedure must be followed:

The patient's complaint must be in writing and submitted or mailed to the Clinical Operations Administrator:

**Vickie Simmons**  
**Post Office Box 1016**  
**Happy Camp, CA 96039**

1. Please use this form, which is available at each clinic to file your written complaint.
2. Investigation of the complaint will begin within three working days after receipt of complaint.
3. The patient will receive written notification that his/her complaint has been received within five working days.
4. The Clinical Operations Administrator will have fifteen working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.
5. The patient may submit his/her complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from the Clinical Operations Administrator.
6. If you receive an unsatisfactory response you may contact the Tribal Administration Office at (530) 493-1600 and ask to be placed on their agenda.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
**(Required)**

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Facility:

Medical—Happy Camp

Medical—Orleans

Medical—Yreka

Dental—Happy Camp

Dental—Yreka

Behavioral Health—HC

Behavioral Health—Yreka

Were you a  patient?  visitor?

Please list any staff or person witnessing the incident: \_\_\_\_\_  
\_\_\_\_\_

Location of the incident: \_\_\_\_\_  
\_\_\_\_\_

Date and time of incident: \_\_\_\_\_