

Grievance Outcome Template

Date: _____

Dear _____,

We would like to inform you that the complaint you filed on _____ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for bringing your concerns to our attention. If you have any additional questions or concerns, please contact _____ at _____.

If you are dissatisfied with the outcome of your complaint you may contact:

ESRD Network 18
Patient Services Department
700 N. Brand Blvd., Suite 405
Glendale, CA 91203
Toll Free: 1-800-637-4767

Or

Department of Health Service Licensing and Certification Division
P.O. Box 942732
1800 3rd Street, Suite 210
Sacramento, CA 94234-7320
Phone: 1-800-236-9747

Kind Regards,