

## Grievance QIA 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: (800) 236-9747*

Kind Regards,

