

Acknowledgement Letter

Date: _____

Dear _____,

Thank you for bringing your concern to our attention. We take all concerns very seriously and can assure you that your concerns will be fully investigated. It is our goal to resolve your concerns in a manner that satisfactory to all parties involved.

_____ will follow up with you in one week from the date of this letter to provide you with an update on our investigation. We appreciate your patience in this matter. If you have any questions please contact _____ at _____.

Please note that all patients should feel safe filing a complaint or grievance without fear of retaliation. If you feel that are being retaliated against, please notify _____ immediately.

Additionally, if you feel that you have been discriminated against based on race, color, national origin, disability, age, gender, sexual orientation, or religious beliefs you may file a complaint with the Office for Civil Rights at 1-800-368-1019.

Kind Regards,