



Hilltown Community Health Center

PATIENT COMPLAINT AND GRIEVANCE FORM

Patient Full Name: _____ **Date of Birth:** ____/____/____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) - _____ **Cell Phone** (____) - _____

Please describe what happened (if you need more room, attach an additional sheet): _____

Please note any additional information you believe may be helpful in understanding what happened:

Please try to describe how this situation could have been prevented. Please note any proposed resolution: _____

Thank you. You will receive a written response within fifteen business days.

“This institution is an equal opportunity employer”

Revised 11/21/13

Worthington Health Center • 58 Old North Road • Worthington, MA 01098 • (413) 238-5511 • Fax (413) 238-5570
Huntington Health Center • 73 Russell Road • Huntington, MA 01050 • (413) 667-3009 • Fax (413) 667-8746
Hilltown Community Center • 9 Russell Road • Huntington, MA 01050 • (413) 667-2203 • Fax (413) 667-2225
Gateway School-Based Health Center & Gator Grins • 12 Littleville Road • Huntington, MA 01050 • (413) 667-0142 • Fax (413) 667-0145
www.hhcweb.org

“HCHC is an equal opportunity provider.”