



James Moffitt, M.D.
 Elsie Haynes, D.O.
 Mirza Ahmad, M.D.
 Kelly Gabel, D.O.

Jon Borchard, PA-C, Jessica Bradford, PA-C
 Claire Moffitt, PA-C, Kent Wagner, PA
 Rebecca Erb, PA-C, Holly Legg, APRN
 Jennifer Imel, APRN-C, Debra Moffitt, LSCSW

Minneola District Hospital
 222 S. Main St
 Minneola, KS 67865
 (620) 885-4264

Minneola Community Clinic
 212 S. Main St
 Minneola, KS 67865
 (620) 885-4202

Family Care Clinic
 200 W Ross Blvd
 Dodge City, KS 67801
 (620) 371-7300

Fowler Community Clinic
 404 N. Main St
 Fowler, KS 67844
 (620) 646-5446

Filing a Complaint or Grievance: A Guide for Patients

At Minneola Healthcare, we strive to provide exceptional care to all our patients. However, we understand that there may be times when you feel the need to express concerns or file a complaint. Your feedback is valuable to us and helps us improve our services.

1. Direct Communication

- **Talk to Your Provider/Staff:** If you have a concern, the first step is to discuss it with your healthcare provider, or the staff member involved. Often, issues can be resolved quickly and informally.
- **Department Director:** They are available to assist you in resolving problems or addressing concerns you may have.
- **Risk Management:** If you are unable to resolve your problem quickly with the Provider, Staff, or Department Director, please notify the Risk Management Department.

2. Formal Complaint Process

If you prefer to file a formal complaint or grievance, you can follow these steps:

- **Obtain a Complaint Form:** Request a complaint form from hospital registration, staff members, Risk Management, or download it from our website at: <https://minneolahealth.com>
- **Complete the Form:** Provide details about your complaint, including dates, names of involved parties, and a description of the issue. Please fill in all blanks on the complaint form.
- **Submit the Form:** Follow the instructions for submission on the complaint form.

3. What Happens Next?

- **Acknowledgment:** You will receive acknowledgment of your complaint within 2 business days from the time the complaint is received.
- **Investigation:** Our team will investigate your complaint thoroughly and impartially.
- **Resolution:** We will work to resolve the issue and communicate the outcome to you.



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4. Appeals

- **Review:** If you are not satisfied with the resolution, you have the right to request a review of your complaint.
- **External Review:** In some cases, external agencies may also be available to assist in resolving complaints.

5. Your Rights

- **Confidentiality:** Your complaint will be handled with confidentiality and respect for your privacy.
- **Non-Retaliation:** We will not retaliate against you for filing a complaint.

Contact Information

- **Risk Management Department:** 620-885-4264
- **Email:** lindaj@minneolahealth.com
- **Address:** Minneola Healthcare, PO Box 127, Minneola KS 67865

Additional Resources

- Complaints can also be made to: Kansas Department of Health and Environment (KDHE) or Quality Improvement Organization (QIO) for Medicare.
 - KDHE: <https://www.kdhe.ks.gov/625/Complaint-Hotline>
 - QIO: <https://www.medicare.gov/claims-appeals/file-a-complaint-grievance/filing-a-complaint-about-your-quality-of-care> .

We are committed to addressing your concerns promptly and effectively. Your feedback helps us improve our services and better serve our patients.



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Minneola Healthcare - Patient Complaint Form

Patient Information:

- **Patient Name:** _____
- **Date of Birth:** _____
- **Address:** _____

- **Phone Number:** _____
- **Email:** _____

Complaint Details:

- **Date and Time of Incident:** _____
- **Location (Department):** _____
- **Names of Staff Involved:** _____

Description of Complaint: _____



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Resolution Desired (What outcome are you seeking?):

Previous Actions Taken:

- **Have you previously discussed this issue with any hospital staff? If yes, please provide details.**

Supporting Documentation:

- **Please attach any relevant documents or records that support your complaint (if applicable). Check here if documents attached.**

Contact Preference: How would you like us to communicate with you regarding this complaint?

Signature of Patient or Legal Guardian: _____

Date: _____



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Instructions for Submission:

- Please submit this completed form to the Risk Management Department either in person, by mail, or via email:
 - Mailing address:
Minneola Healthcare – Attention Risk Management
PO Box 127
Minneola, KS 67865
 - Email address: lindaj@minneolahealth.com
- You will receive acknowledgment of your complaint within 2 business days from the time the complaint is received.
- For any questions or assistance, contact the Risk Management Department at 620-885-4264.

Thank you for providing us with your feedback. We are committed to addressing your concerns and improving our services.