



SVT Health & Wellness
A branch of Seldovia Village Tribe

Partnering in the Journey!

Person Completing Form:

- Patient
 Patient Representative
 SVTHW Employee

Patient/Partner Grievance Form

If you are requesting assistance in resolving a problem with SVT Health & Wellness (SVTHW), please fill out the sections that relate to your concern(s) and write details on back of this form. Return this form to the front desk, or mail to:

SVT Health & Wellness
880 East End Road
Homer, AK 99603

Patient Name: _____
 Address: _____
 City: _____ State: _____
 Daytime Phone: _____ Date of Birth: _____

May we leave a message for you on the above number? Yes No

Grievance Involved: (check (✓) the one that applies)

- Organization Staff:
 - o Name: _____ Title: _____
 - o Name: _____ Title: _____
- Treatment Related/Quality of Care
 - o Briefly explain: _____
 - _____
 - _____
- Other (specify): _____
- _____
- _____
- _____
- I choose to remain anonymous. I understand by remaining anonymous this may result in an inability to fully process my grievance.
- I choose to represent myself during this grievance process.
- I have chosen a representative to help me during this grievance process.
 - o Representative Name: _____
 - o Relationship (if any) to me: _____

 Signature of Patient/Person Filing Grievance Date

~ Please turn over to document your grievance in detail. ~

