

Procedure to Report Complaints/Grievances

We want to improve patient care by giving patients and their families a way to communicate complaints. We want to make sure that they are solved quickly.

To talk about complaints/grievances, you or your family member should tell your nurse, nurse manager or person in charge of the area where you are a patient. If you feel your complaint has not been resolved, you or your family should ask to have the Patient Representative called, or contact the Patient Relations Office at (305) 585-7341 yourself to speak to a Patient Representative.

If you wish to send a written complaint/grievance, please address it to:

Administrator of Patient Services
Jackson Health System
1611 N.W. 12th Avenue, West Wing 104
Miami, Florida 33136-1096

You or your family member can also bring the written complaint in person or ask to speak to the Administrator of Patient Services in the Patient Relations office, located on the West Wing first floor, room 104.

Filing Complaints

If you have a complaint against any hospital or ambulatory surgical center in Florida, call the Consumer Assistance Unit at (1) (888) 419-3456 (press 1) or write to this address:

Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive, Building 1
Tallahassee, Florida 32308

If you have a complaint against a healthcare professional and want to receive a complaint form, call the Consumer Services Unit at (1) (888) 419-3456 (press 2) or write to this address:

Agency for Health Care Administration
Consumer Assistance Unit
.O. Box 14000
Tallahassee, Florida 32317-4000

Patients or family members can also contact the Joint Commission on Accreditation of Healthcare Organizations' Office of Quality Monitoring to report any concerns:

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Office of Quality Monitoring
1-800-994-6610
complaint@jcaho.org

Procedimiento Para Informar Sobre Quejas/Reclamaciones

Deseamos mejorar la atención al paciente proporcionando a los pacientes y a sus familias una manera de formular quejas. Queremos asegurarnos de que estas quejas sean resueltas con rapidez.

Para hablar sobre una queja/reclamación, usted o un miembro de su familia debería mencionarla a su enfermera, a la enfermera jefe o a la persona a cargo del área donde es paciente. Si siente que su queja no ha sido resuelta, usted o su familiar debería pedir que le llamen a un Representante de Pacientes o contactar directamente la oficina de *Patient Relations*, llamando al (305) 585-7341 para comunicarse con un Representante de Pacientes.

Si usted desea enviar una queja/reclamación por escrito, por favor diríjela a:

Administrator of Patient Services
Jackson Health System
1611 N.W. 12 Avenue, West Wing 104
Miami, Florida 33136-1096

Usted o su familiar también puede llevar personalmente la queja por escrito o pedir hablar con el Administrador de Servicio a los Pacientes en la oficina de *Patient Relations* localizada en el primer piso del *West Wing*, oficina 104.

Presentación de Quejas

Si usted tiene una queja contra cualquier hospital o centro ambulatorio de cirugía en la Florida, llame a la unidad *Consumer Assistance* al (1) (888) 419-3456 (presione 1) o escriba a esta dirección:

Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive, Building 1
Tallahassee, Florida 32308

Si usted tiene una queja contra un profesional de la salud y desea recibir un formulario de queja, llame a la unidad *Consumer Services* al (1) (888) 419-3456 (presione 2) o escriba a esta dirección:

Agency for Health Care Administration
Consumer Assistance Unit
P.O. Box 14000
Tallahassee, Florida 32317-4000

Los pacientes o sus familiares también pueden contactar la oficina *Quality Monitoring* (Vigilancia de la Calidad) de la Comisión Conjunta de Acreditación de las Organizaciones de Servicios de Salud (*Joint Commission on Accreditation of Healthcare Organizations*) para presentar una queja.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Office of Quality Monitoring
1-800-994-6610
complaint@jcaho.org

Mach A Swiv Pou Fè Yon Plent/Pale De Yon Enjistis

Pou nou ka okipe pasyan yo ak fanmi paysan yo pi byen, nap ba pasyan yo ak fanmi pasyan yo, yon fason pou lè yon bagay pa fè yo plezi, pou fè yon plent. Nou vle fè sa nou kapab pou nou rezoud yo byen vit.

Pou fè yon plent/pale de yon pwoblèm, ou menm osnon fanmi-w dwe di yon enfimye osnon enfimye an chèf la osnon moun ki chèf depatman kote-w osnon fanmi-w la ye-a. Si-w santi ke pwoblèm nan pa ko rezoud, ou menm osnon fanmi-w la dwe mande pou rele reprezantan pasyan-yo osnon ou ka rele biwo relasyon pasyan-yo (*Patient Relations*) nan (305) 585-7341 pou-w pale ak yon reprezantan pasyan.

Si-w vle voye yon plent pa lapòs, voye li nan adrès sa-a:

Administrator of Patient Services
Jackson Health System
1611 N.W. 12 Avenue, West Wing 104
Miami, Florida 33136-1096

Wou menm osnon fami-w ka ekri yon plent, pote-l vini ou menm menm osnon mande pou-w pale ak administratè sèvis pasyan yo nan biwo relasyon pasyan-an (*Patient Relations*) ki nan premye etaj *West Wing*, nimewo 104.

Anrejistre Yon Plent

Si-w gen yon plent kont nenpòt lopital osnon dispansè kote yo fè operasyon nan Florida, rele *Consumer Assistance Unit* nan (1) (888) 419-3456 (peze 1) osnon ekri yo nan adrès sa-a:

Agency for Healthcare Administration
Consumer Assistance Unit
2727 Mahan Drive, Building 1
Tallahassee, Florida 32308

Si-w gen yon plent kont yon pwofèsyonel nan zafè sante, epi-w ta renmen resewva yon fòm pou ekri yon plent, rele *Consumer Services Unit* nan (1) (888) 419-3456 (peze 2) osnon ekri yo nan adrès sa-a:

Agency for Healthcare Administration
Consumer Assistance Unit
P.O. Box 14000
Tallahassee, Florida 32317-4000

Malad-la osnon fanmi li kapab pran kontak avèk Biwo *Quality Monitoring* ki nan Komisyon Oganizasyon Sou Akreditasyon Swen Santè-a (*Joint Commission on Accreditation of Healthcare Organizations*) pou li rapòte nenpòt pwoblèm.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Office of Quality Monitoring
1-800-994-6610
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