



**NORTH EAST
MEDICAL SERVICES**
東 北 醫 療 中 心

Please return this form to or call for assistance.

請將本表格提交至以下地址或致電尋求協助

North East Medical Services

Attention: Member Services Manager

1520 Stockton Street

San Francisco, CA 94132

1-888-500-1886

GRIEVANCE FORM

申訴表

Date 日期: _____ / _____ / _____

PATIENT INFORMATION 病人資料

Name: _____ NEMS MRN: _____
姓名 黃卡號碼

Phone Number: _____ Best Time to Call: _____
電話號碼 最佳聯絡時間

Language: _____ Email: _____
語言 電郵地址

Address: _____
地址

City: _____ State: _____ Zip Code: _____
城市 州 郵政編碼

Name and Relationship of Person Filing

(If Different from Above):

如填表人非上述投訴人，請註明填表人姓名及關係:



NORTH EAST MEDICAL SERVICES

GRIEVANCE FORM

申訴表

INSURANCE INFORMATION 健康保險資料

- Medicare
聯邦醫療保險計劃
- Medi-Cal
加州醫療補助計劃/白卡
- Medi-Medi
加州醫藥卡及老人卡
- Self-Pay
自付
- SFHP
三藩市保健計劃
- HSF
健康三藩市計劃
- Private Insurance
私人保險
- Blue Cross
藍十字
- HPSM
聖馬刁健康計劃
- SCFHP
聖塔克萊拉家庭健康計劃
- Other
其它

DETAILS OF PROBLEM 問題詳細資料

Occurred Date: _____ / _____ / _____ Location/Department: _____
發生日期 地點 / 部門

Staff Name: _____
工作人員

Describe in Detail (Add attachment if additional space is needed)

請詳細說明 (如有需要可加附件)



**NORTH EAST
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GRIEVANCE FORM
申訴表

PATIENT'S EXPECTATION OF RESOLUTION 病人期望的解決方案

Describe in Detail the Patient's Expectation of Resolution

請詳細寫出投訴人期望得到的解決方案

Signature of Patient or Legal Representative*

會員或合法代表簽名

Date

日期

Name of Legal Representative

合法代表姓名

Relationship of Legal Representative

合法代表與會員的關係

Signature of Witness (Required if patient is unable to sign)

見證人簽名 (會員無法自行簽字時此項必填)

Date

日期



NORTH EAST MEDICAL SERVICES

東北醫療中心

GRIEVANCE FORM

申訴表

FOR NEMS STAFF USE ONLY

Date Received by Clinic

Date Received by Grievance Department

Date Entered in Epic

Grievance Report Date _____ Staff Name & Title _____

Description of problem/complaint/grievance (check appropriate boxes):

<input type="checkbox"/> Access to Care	<input type="checkbox"/> Charges	<input type="checkbox"/> Quality of Services	<input type="checkbox"/> Facility Adequacy
<input type="checkbox"/> Staff Attitude	<input type="checkbox"/> Referral/Authorization	<input type="checkbox"/> Quality of Care	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Other _____			

Action Taken:

Resolution

Resolved on _____

Staff Name _____

Staff Signature _____

NONDISCRIMINATION DISCLOSURE

In this Disclosure, we use terms like "we" "our" or "us" to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at nems.org. We comply with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics, intersex traits, pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, and cancer), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

How to file a grievance with NEMS or NEMS PACE

If you believe that we failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our Civil Rights Coordinator
Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

► **Spanish (Español)**

Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

► **Chinese (中文)**

如果您說中文，我們可提供免費語言協助和輔助設施服務。

► **Vietnamese (Tiếng Việt)**

Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

► **Japanese (日本語)**

日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

► **Korean (한국어)**

한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

► **Tagalog (Tagalog)**

Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/servisyo na magagamit.

► **Armenian (Հայերեն)**

Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացրացի ծառայությունների հասանելիություն կա:

► **Arabic (العربية)**

خدمات تتوفر ، العربية تتحدث كنت إذا
الخدمات/والمساعدة اللغوية المساعدة
مجات المساعدة.

► **Persian (فارسی)**

کمک خدمات ، کنیدمی صحبت فارسی زبان به اگر
دسترس در رایگان کمکی خدمات/وسایل و زبانی
است.

► **Russian (Русский)**

Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

► **Thai (ไทย)**

หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์/บริการเสริมฟรีให้บริการ

► **Amharic (አማርኛ)**

እርስዎ አማርኛ ከሚኖሩ ከሆነ የአንድ እርዳታ እና ተጨማሪ አገልግሎቶች በእኔ ይገልጻል::

► **French (Français)**

Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

► **German (Deutsch)**

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

► **Ilocano (Ilocano)**

No agsao kayo ti Ilocano, adda libre a tulong iti lengguahen ken dagiti kagawaan/serbisio nga makatulong.

► **Samoan (Samoa)**

Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

► **Hindi (हिन्दी)**

यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

► **Hmong (Hmoob)**

Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

► **Mon-Khmer, Cambodian (ខ្មែរ)**

ប្រសិទ្ធភីអូកនិយាយភាសាខ្មែរ
មាសេសវិជ្ជកម្មភាសាជាយតែនីតិ៍ផ្លូវ
និមួយបន្ទាន់/សេវាឌែលយោងមេដែលមានប្រាប់។

► **Punjabi (ਪੰਜਾਬੀ)**

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

Member Services - California

1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886
TTY: 1-800-735-2929

Member Services - Nevada

5580 W. Flamingo Road, Suite 105
Las Vegas, NV 89103
1-888-500-1886
TTY: 1-800-326-6868

NEMS PACE

728 Pacific Avenue, 2nd floor
San Francisco, CA 94133
1-888-981-8909
TTY: 1-800-735-2929