

Please return this form to or call for assistance.

North East Medical Services
Attention: Member Services Manager
1520 Stockton Street
San Francisco, CA 94132
1–888–500-1886

GRIEVANCE FORM

	Date:/			
PATIENT INFORMATION				
Name:	NEMS MRN:			
Phone Number:	Best Time to Call:			
Language:	Email:			
Address:				
City:	State: Zip Code:			
Name and Relationship of Person Filing (If Different from Above):				
INSURANCE INFORMATION				
Medicare Medi-Cal SFHP HSF HPSM SCFHP Other	☐ Medi-Medi☐ Self-Pay☐ Private Insurance☐ Blue Cross			
DETAILS OF PROBLEM				
Occurred Date: / / Location/Department:				
Staff Name:				



GRIEVANCE FORM

Describe in Detail (Add attachment if additional space is	needed)
PATIENT'S EXPECTATION O	FRESOLUTION
Describe in Detail the Patient's Expectation of Resolution	
Signature of Patient or Legal Representative*	Date
Name of Legal Representative	Relationship of Legal Representative
Signature of Witness (Required if patient is unable to sign)	Date



GRIEVANCE FORM

FOR NEMS STAFF USE ONLY				
Date Received by Clinic	Date Received by Grie	evance Department	Date Entered in Epic	
Grievance Report Date Staff Name & Title				
Description of problem/complaint	/grievance (check appropi	riate boxes):		
☐ Access to Care ☐	Charges	☐ Quality of Services	☐ Facility Adequacy	
☐ Staff Attitude ☐	Referral/Authorization	☐ Quality of Care	☐ Discrimination	
☐ Other			_ Language Access	
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
 - o 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

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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 보조기기/서비스를 이용하실 수 있습니다.

► Tagalog (Tagalog)

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

🕨 Armenian (Հայերեն)

Եթե դուք խոսում եք հայերեն, անվձար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա։

♦ Arabic (العربية)

خدمات تتوفر ،العربية تتحدث كنت إذا الخدمات/والمساعدات اللغوية المساعدة .مجانًا المساعدة

(فــا ر سے) Persian

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.

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

▶ Thai (ไทย)

หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์ /บริการเสริมฟรีให้บริการ

▶ Amharic (አማርኛ)

እርስዎ አማርኛ ከሚናንሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አንልግሎቶች በነፃ ይንኛሉ።

▶ 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 lengguahe 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 (ភាសាខ្មែរ)

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

▶ Punjabi (ਪੰਜਾਬੀ)

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

NEMS PACE

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