



東北醫療中心

SF: 1520 Stockton St | 2574 San Bruno Ave | 82 Leland Ave
1033 Clement St | 1400 Noriega St | 1450 Noriega St
2308 Taraval St | Daly City: 211 Eastmoor Ave
San Jose: 1715 Lundy Ave #108-116 | 1870 Lundy Ave
(415) 391-9686 | (650) 550-3923 | (408) 573-9686

MEMBER COMPLAINT/GRIEVANCE FORM 會員投訴 / 申訴表

Patient Information 病人資料

Name: NEMS#: Today's Date:
姓名 黃卡號碼 日期
Address: Phone #:
地址 電話號碼
Alternate Number: Best Time to Call: Language:
其他聯絡電話 最佳聯絡時間 語言
Name & Relationship of person filling 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

Insurance Information 健康保險資料

- Self-Pay Medicare Medi-Medi M/Cal: B/Cross SFHP SCFHP Regular
H/F H/Fam: Plan H/Kids: Plan Private Insurance

Details of Problem 問題詳細資料

Occurred Date: Location/Dept: Staff Name:
發生日期 地點 / 部門 工作人員

Describe in detail (Use back of form if necessary):

請詳細說明 (如有需要可用背面填寫)

Large empty box for describing the problem in detail.

Member/Staff Signature: Date:
會員 / 工作人員簽名 日期



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Please return this form to 請把表格交回以下地址:

North East Medical Services
Attention: Member Services Manager
1520 Stockton Street
San Francisco, CA 94133

**OR
或**

Call Member Services Department at (415) 391-9686 extension 8160 for assistance.
撥打(415) 391-9686 轉內線 8160 聯絡會員服務部。

Name: _____ **NEMS#:** _____
姓名 黃卡號碼

Member's Expectation of Resolution 會員期望的解決方案

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:

[Empty box for describing patient's expectation of resolution]

**For NEMS Staff Use Only
Description of Problem/Complaint/Grievance (Check Appropriate boxes):**

- Access to Care Charges Quality of Services Facility Adequacy Quality of Care
- Staff Attitude Referral/Authorization Other:

Grievance Report Date: _____ Staff Name & Title: _____

For NEMS staff use only:

Action Taken:

[Empty box for Action Taken]

Resolution:

[Empty box for Resolution]

Resolved on: _____ **Staff Name:** _____ **Staff Signature:** _____