



Northwest Renal Network (ESRD Network 16) Complaint or Grievance Statement Form

Patient Toll- Free Number for Northwest Renal Network: 1-800-262-1514

Write a brief statement of your concerns. Where appropriate, specify times, dates, and the facility staff involved. Use additional sheets of paper if needed. Sign the form and send it to the Network office. **Your identity will be kept confidential unless you agree to have it released by checking the box below.**

- I **give permission** to the Network to release my identity
- I **give permission** to the Network to discuss the circumstances regarding my concerns with other parties involved. Please describe any limitations, if any, to the permission to discuss your concerns with others:

Contact Information:

Name (please print) _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home # _____ Work # _____ Cell # _____

Complaint and Grievance Information:

Name of Your Facility _____
Address _____
Have you already talked about your concerns with the facility? Yes No
Description of Concern _____

Personal Representative: If you wish to have someone act on your behalf, please write down the name, address, and phone number.

Name (please print) _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home # _____ Work # _____ Cell # _____

Your Signature _____ Date _____

4702 42ND AVENUE SW • SEATTLE, WASHINGTON 98116 • TEL (206) 923-0714 • FAX (206) 923-0716