

*At Bon Secours Baltimore Health System, we are committed to promoting an environment where patients feel respected, safe, and well informed, and where visitors feel welcome. We rely upon your feedback – positive and negative – to improve our services. If we exceeded your expectations, we’d love to know about it. And if we’ve fallen short of your expectations, we value the opportunity to investigate and respond to your concern, and hope to restore your faith in us. Thank you for your feedback.*

**TO SUBMIT:** F: (410) 362-3643, Attn. Patient Advocate | E: feedback@bshsi.org | MAIL: 2000 W. Baltimore St., Baltimore, MD 21223, Attn. Patient Advocate

**COMPLETED BY** (if other than patient): \_\_\_\_\_

**PHONE:** \_\_\_\_\_

## PATIENT INFORMATION

<b>DATE TODAY</b>	<b>PATIENT NAME</b>
<b>EVENT DATE</b>	<b>PATIENT CONTACT</b>
<b>EVENT LOCATION</b>	<b>PATIENT MR# / DOB</b>

**PATIENT TYPE**

- Inpatient
- Emergency Room
- Same Day Surgery
- Outpatient (e.g., Renal; New Hope; ADAPT)

**FEEDBACK TYPE**

- Grievance \*
- Compliment
- Inquiry/Question
- Suggestion

\* In compliance with CFR §482.13(a)(2)(ii), BSHSI will provide written resolution of grievances within 7 days whenever possible. If a matter requires a lengthier investigation, the complainant will be notified of the status within the 7 day time frame, and given a specific date by which to expect the health system’s formal, written response.

## EVENT SUMMARY / DESIRED OUTCOME

*Please be as specific as possible with dates, times, locations, and names of parties involved. If you need more space, please use the back of this form and/or add additional pages.*

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