

Advanced Ambulatory

SURGICAL CENTER

PATIENT GRIEVANCE PROCEDURE

******* NOTICE *******

IF YOU HAVE CONCERNS ABOUT THE CARE BEING PROVIDED AT ADVANCED AMBULATORY SURGICAL CENTER, YOU MAY FILE A COMPLAINT.

PLEASE ASK THE RECEPTIONIST TO CONTACT THE APPROPRIATE MANAGER.

ALL EFFORTS WILL BE MADE TO RESOLVE THE PROBLEM AT THIS TIME. IF THE PROBLEM CAN NOT BE RESOLVED IMMEDIATELY AND FURTHER INVESTIGATION IS NECESSARY, OR THE APPROPRIATE MANAGER IS NOT AVAILABLE, THE PATIENT WILL BE ASKED TO FILL OUT A COMPLAINT FORM. THE COMPLAINT WILL BE THEN INVESTIGATED AND YOU WILL BE CONTACTED BY THE MANAGER WHEN THE INVESTIGATION IS COMPLETE.

THE GRIEVANCE PROCEDURE WILL BE COMPLETED WITHIN 30 DAYS OF THE RECEIPT OF COMPLAINT.

OR YOU MAY FILE A COMPLAINT WITH THE DEPARTMENT OF PUBLIC HEALTH BY WRITING TO THE FOLLOWING ADDRESS:

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
535 WEST JEFFERSON STREET, SPRINGFIELD, IL 62761**

OR BY CALLING

217-524-8885