



Please return this form to or call for assistance

Go East Medical Services  
Attention: Grievance Department  
P.O. Box 3306  
Daly City, CA 94015  
[grievances@gems-lv.org](mailto:grievances@gems-lv.org) \*\*  
(702) 589-9686

## PATIENT COMPLAINT/GRIEVANCE FORM

### PATIENT INFORMATION

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ GEMS MRN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Language: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and Relationship of Person Filing if Different from Above: \_\_\_\_\_

### INSURANCE INFORMATION

- Self-Pay                       Medicare                       Medicaid  
 Private Insurance                       Other \_\_\_\_\_

### DETAILS OF PROBLEM

Occurred Date: \_\_\_\_\_ Location/Department: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Describe in Detail *(Add attachment if additional space is needed)*

---

---

---

---

---

---

---

---

---

---



Please return this form to or call for assistance

Go East Medical Services
Attention: Grievance Department
P.O. Box 3306
Daly City, CA 94015
grievances@gems-lv.org \*\*
(702) 589-9686

PATIENT COMPLAINT/GRIEVANCE FORM

PATIENT'S EXPECTATION OF RESOLUTION

Describe in Detail the Patient's Expectation of Resolution

Three horizontal lines for describing 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

\*\*Note: Sending information over unencrypted email is not secure and increases risks that your information could be intercepted, viewed, copied, or shared by an unauthorized third party. By sending the grievance form to grievances@gems-lv.org unencrypted, I acknowledge that GEMS has warned me of the risks.

Office Use Only: Date Received by Clinic, Date Received by Grievance Department, Date Entered in Epic

Go East Medical Services (GEMS) does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person’s actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.

GEMS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). GEMS also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact GEMS clinic.

If you believe that GEMS has failed to provide these services or discriminated in another way on any of the characteristics listed above, you can file a grievance with: GEMS, P.O. Box 3306, Daly City, CA 94015, (702) 589-9686. You can file a grievance in person, by mail or by telephone. If you need help filing a grievance, GEMS is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (702) 589-9686 (TTY: 1-800-326-6868).

**Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (702) 589-9686 (TTY: 1-800-326-6868)。

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (702) 589-9686 (TTY: 1-800-326-6868).

**Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (702) 589-9686 (TTY: 1-800-326-6868). 번으로 전화해 주십시오.

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (702) 589-9686 (TTY: 1-800-326-6868).

**Japanese**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(702) 589-9686 (TTY: 1-800-326-6868) まで、お電話にてご連絡ください。

**Laotian**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ (702) 589-9686 (TTY: 1-800-326-6868).

**Burmese**

သတိပူပီရန့် - အကယုၣ် သွၣ်ည ဝုမ္မာစကားကို ဝေပူပပါက။ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဒ္ဒါအကြံကူ စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် (702) 589-9686 (TTY: 1-800-326-6868) သို့မဟုတ် ဝေခငုဆိပါ။

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (702) 589-9686 (رقم هاتف الصم والبكم: (1-800-326-6868).

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (702) 589-9686 (телетайп: 1-800-326-6868).

**Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (702) 589-9686 (телетайп: 1-800-326-6868).

**Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (702) 589-9686 (TTY: 1-800-326-6868).

**Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (702) 589-9686 (TTY: 1-800-326-6868).

**Armenian**

ՈւՇԱԴՆՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, սպասե՛ք անվճար կարող են սրբամաղրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք (702) 589-9686 (TTY (հեռախոսիչ)՝ 1-800-326-6868):

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (702) 589-9686 (TTY: 1-800-326-6868) पर कॉल करें।

**Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. (702) 589-9686 (TTY: 1-800-326-6868)

**Punjabi**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (702) 589-9686 (TTY: 1-800-326-6868) ਤੇ ਕਾਲ ਕਰੋ।

**Cambodian**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (702) 589-9686 (TTY: 1-800-326-6868)។