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| Western State Hospital Staunton, Virginia |
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| Complaint Resolution Form *(Formulario de Resolución de Quejas)* |
| **TO BE COMPLETED BY Individual Making Complaint (with help from staff if necessary)**  *Para ser llenado por persona haciendo la queja (con ayuda del personal si es necesario)* |

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| Name: *(Nombre)* |  | Date: *(Fecha)* |  | Ward  *(Área)* |  |

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| Please explain the right you believe is being violated: (Use the Back if Necessary)  *Explicar el derecho que cree que está siendo violentado: (Use el reverso si es necesario)* |
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| **To be completed by the WARD CLERK (*Para ser llenado por el ENCARGADO DEL ÁREA)*** | | | | |
| Date Received: |  | | Date Submitted to Treatment Team |  |
| *(Fecha de recepción)* |  | | *Fecha presentado al equipo de tratamiento* |  |
| Signature of Ward Clerk *(firma del encargado del área)* | |  | | |

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| **TO BE COMPLETED BY THE TREATMENT TEAM (*Para ser llenado por el EQUIPO DE TRATAMIENTO)*** | | | | |
| Describe the actions taken for resolution *(Describir las medidas adoptadas para la resolución):* | | | | |
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| Issue Resolved to Consumer’s Satisfaction?  *¿El asunto fue resuelto a satisfacción del consumidor?* | | Yes *(Sí)*  No | | |
| Date Report Submitted to Hospital Director: |  | | Signature: |  |

*Fecha informe presentado al Director del Hospital (Firma)*

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| **To be completed by the HOSPITAL DIRECTOR *(Para ser llenado por el DIRECTOR DEL HOSPITAL)*** | | | | | | |
| Date Received:  *(Fecha de recepción)* |  | |  | | | |
| Director’s Actions: | *(Acciones del Director):* | | | | | |
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| Issue Resolved to Consumer’s Satisfaction?  *¿El asunto fue resuelto a satisfacción del consumidor?* | | | | | | Yes *(Sí)*  No |
| Date Referred to Facility Advocate: | | | |  | *(Fecha referido al defensor de la Instalación)* | |
| Additional Comments: | | *(Comentarios adicionales):* | | | | |
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