

**ASPEN VALLEY HOSPITAL  
PATIENT GRIEVANCE FORM**

Any employee of the Hospital can take your grievance. You may file your grievance in writing, by phone or fax, or in person. If you are unable to file the grievance yourself, a patient representative is available to assist you.

If you would like the assistance of the Hospital Patient Grievance Representative, please dial "0" on any Hospital phone and ask that the Patient Representative be contacted.

Name of Patient	
Date of Service	
Phone	
Address/email	
Person filing form is:	<input type="checkbox"/> Patient <input type="checkbox"/> Patient Representative <input type="checkbox"/> Family member <input type="checkbox"/> Other/Specify:

- ✓ Please give a detailed description of the issue or problem you would like the Hospital to address.
- ✓ Include any specific names (including patient name if different from above), dates, places, or other details that will help investigate your concern.
- ✓ Describe what outcome(s) you would like to see as a result of this process.
- ✓ If you need more room, please attach additional pages.


- ✓ Describe what would be an acceptable outcome for you:


Signature of persons filing form:
Date:

- ✓ Please return this form to the Patient Grievance Representative by sending to [grievance@aspenhospital.org](mailto:grievance@aspenhospital.org) or faxing to (970) 544-1585.

Thank you for your input. You will be contacted by the Patient Grievance Representative.

## How to File a Grievance with the Hospital

Contact the Grievance Committee Representative as noted below:

Elaine Gerson  
C/O Aspen Valley Hospital  
0401 Castle Creek Rd  
Aspen, CO 81611  
grievance@aspenhospital.org  
Phone - 970-544-1422  
Fax - 970-544-1585

“State of Colorado” Complaint filing; “Joint Commission”; OR DME complaint filing:

You may wish to file your grievance directly with any of the following entities:

### State of Colorado

**Web site:** <https://www.colorado.gov/pacific/cdphe/health-facilities-complaint-and-occurrence-contacts>

**Phone:** (303) 303-692-2827 toll free at 800 886-7689 extension 2827 or faxing a statement to (303) 753-6214.

**E-mail** complaints to: [cdphe.hfdintake@state.co.us](mailto:cdphe.hfdintake@state.co.us)

### Joint Commission

**Web site:**

<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/>

**Mail:**

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

### Healthcare Quality Association on Accreditation (DME complaints):

114 East 4th Street

Suite 200 (zip 50703)

PO Box 1948 (zip 50704)

Waterloo, IA

Phone: 866.909.4722

Fax: 877.226.5564

Form revised: 05/10; 5/13; 3/15; 4/16; 7/19; 9/20; 2/24; 7/24