



## Grievance Policy

**PROCESS TO EXPRESS & FILE A COMPLAINT:** It is the mission of this organization to provide care that we wish for our loved ones & ourselves. We welcome suggestions and complaints, as well as appreciation. Your feedback is important to help us improve patient care and our environment. We will mail you a patient satisfaction form within ten (10) business days after surgery. We hope you take time to complete the survey. You may express your concern or complaint at any time to a staff member or the administrator. The administrator reviews all compliments and complaints and attempts to rectify any issue and will send you a written response within thirty (30) calendar days of the complaint.

Brittany Williams, BSN, RN  
DISC Surgery Center at Gateway  
28682 The Old Road  
Valencia, CA 91355

If the issue is not resolved to your satisfaction, the Governing Body will review the complaint. A representative of the Governing Body will contact you, in writing, within thirty (30) calendar days of the complaint. If you are still not satisfied, you may file a written complaint with the California Department of Public Health.

Center for Healthcare Quality, Licensing, and Certification Division: Los Angeles District Office  
12440 E. Imperial Highway, Rm 522  
Norwalk, CA 90650  
Phone: 562-345-6884

OR

AAHC  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Phone: (847) 853-6060

AND/OR

Medicare & Medicaid Services at:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>