



Texas Tech Physicians.
of EL PASO

EP 6.6 Appendix

GRIEVANCE INVESTIGATION FORM

**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY THE RECIPIENT
WITHIN FIVE (5) BUSINESS DAYS. LACK OF RESPONSE WILL ASSUME
DEFICIENCY ON PART OF CLINIC AND/OR PROVIDER.**

- 1. I have reviewed and fully investigated the grievance received regarding the practitioner/staff of the clinical department/clinic I have responsibility over and determined that:
No deficiencies were identified, all actions were in keeping with standards of care, professional conduct and institutional processes. Justification:

The following deficiencies were identified:

- 2. If deficiencies were identified:
 - a. the following actions have been or will be taken to correct or resolve the current grievance:

b. the following actions have been or will be taken to avoid those deficiencies to repeat in the future:

- 3. I or my designee have contacted the complainant and notified him/her of the result of the investigation and any action planned related to him/her particular case: Yes No

- 4. Additional explanation (optional):

Name: _____ Position Title: _____ Date: _____