Public Civil Rights Complaint Form

To file a Public Civil Rights complaint, complete the following form sections and mail or fax it to the CSHS Corporate Integrity Program Office at 8700 Beverly Blvd, Los Angeles, CA 90048, or fax to (323) 866-7871.

Once this form is received by the Corporate Integrity Program Office, you will receive an acknowledgement letter or other contact from our office confirming receipt and advising you that the complaint is being entered into our internal review process.

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Section I - Person Filing This Complaint

Name: ____________________________________________________________

Mailing Address:

Street: ____________________________________________________________

City: __________________________ State: _______ Zip: _____________

Telephone Numbers:

Cell (       ) _______ - ____________  Home (        ) _______ - ____________

Work (       ) _______ - ____________  ext: ______________

Email Address: ____________________________________________________

Accessible Format Requirements:

_____ Large Print _____ Audio Tape _____ TTY

_____ Other (please specify): ________________________________________

Language, if different from complaint form: ____________________________
Section II - Filing by a Third Party

Are you filing this complaint on your own behalf?    Yes ____  No ____

If you answered "yes" to this question, go to Section III, below.

If not, please supply the name and relationship of the person for whom you are filing:

Name of person for whom you are filing this complaint:

______________________________________________________________________________

Your relationship with the above name person:

______________________________________________________________________________

Please explain why you have filed this complaint for the person named above:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do you have the permission of the person named above to file this complaint on his or her behalf?    

Yes ____  No ____

If no, please explain why:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you are complaining on behalf of another person, we may not be able to respond to you or provide you with specific information if it would breach patient confidentiality.
Section III - Complaint Information

Have you previously filed a Public Civil Rights complaint with CSHS?

Yes ____  No ____

If yes, which department or area was the concern reported to? Please provide specific name, if known:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you filed this complaint with any federal, state, or local government or other agencies?

Yes ____  No ____

If yes, please specify:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you filed a lawsuit regarding this complaint?

Yes_____  No___

If yes, provide (attach) a copy of the lawsuit complaint form.

[Note: This above information is helpful for administrative tracking purposes and to help us make sure we are working with appropriate parties in following up on this complaint.]
Section IV - Nature of Complaint

Basis for the alleged discrimination (check all that apply):

☐ Race ☐ Disability
☐ Color ☐ Age
☐ National Origin ☐ Sex
☐ Other (please specify): _________________________________________________

Name of CSHS division, department, or individual complaint is against, if known:

CSHS division, department, or individual:
______________________________________________________________________________

CSHS staff member who would know about the circumstances of this complaint
(if known):

____________________________________  Title (if known): __________________________

If the complaint relates to hospital care, and you know your/the patient’s
medical record number, please note number here:
______________________________________________________________________________

Date of Event: Note the date of the event as closely as you can remember. If
you do not remember a specific date, try to tell us which hospital admission or
outpatient service it relates to, if applicable:
______________________________________________________________________________
______________________________________________________________________________

Location of Event: If you were in more than one room or location during your visit
to the hospital, please try to remember where the event occurred. If the event
occurred at an off-site Cedars-Sinai facility or private physician’s office, please
note that as well:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe your complaint and include specific details, such as names, dates, times, areas, witnesses, and any other information that would assist in our investigation of your concern. If necessary, use separate sheets of paper, and attach them. Include any other documentation you think may be helpful for our review of your concern.

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Please share any special request or resolution you may have in mind regarding your complaint.

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Section V - Signature of Person Filing Complaint

Signature: _______________________________ Date: __________________________

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