



COMMONWEALTH *of* VIRGINIA

Department of Behavioral Health and Developmental Services

Hiram W. Davis Medical Center

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December 8, 2022

RE: Notification of Grievance Process

Dear Authorized Representative,

The patients and residents receiving care and services at Hiram W. Davis Medical Center has always been and continue to be our primary concern. To facilitate timely and accurate follow up on concerns from residents, patients, authorized representatives, and/or guardians and family, we have implemented a grievance process.

Accompanying this correspondence is the Resident/Patient Grievance Form that should be used to file a concern. The completed form may be mailed to HWDMC or dropped off in one of the secured boxes located within the facility. The completed forms will be reviewed by the grievance/complaint designee, investigated, and followed back up with you in accordance with the grievance procedure.

Feel free to contact 804-524-7420 with any questions or concerns.

Sincerely,

Jacquelyn France, MSN, BSN, RN, CCHP
Director of Quality Assurance

PATIENT/RESIDENT GRIEVANCE FORM

DATE: _____

TIME: _____

PATIENT'S NAME: _____ ROOM: _____

GRIEVANCE REPORTED BY: _____ TELEPHONE #: _____

BEST TIME TO BE CONTACTED: _____

DETAILS OF
GRIEVANCE: _____

INDIVIDUAL COMPLETING THIS FORM (PRINT NAME): _____

(SIGNATURE): _____

DELIVERY OF THIS FORM: PLEASE CIRCLE METHOD: MAILED EMAILED HAND DELIVERED
LETTER CERTIFIED

(SECTION TO BE FILLED OUT BY GRIEVANCE OFFICER AND/OR DESIGNEE)

DATE RECEIVED: _____ TIME RECEIVED: _____

WHOM RECEIVED GRIEVANCE FORM: (PRINT) _____

SIGNATURE: _____ WHOM DID YOU FOLLOW-UP WITH: _____

HOW DID YOU FOLLOW-UP: _____

DETAILS REGARDING FOLLOW-UP OF
GRIEVANCE: _____

GRIEVANCE RESOLVED: _____ GRIEVANCE UNRESOLVED: _____