Marshfield Clinic
Health System

Client Rights Formal Grievance

Marshfield Clinic Health System (MCHS) values the opportunity to learn from patients and address grievances. This form is used to file a formal grievance with MCHS for care received in behavioral health or substance abuse clinics.

Name of patient _____ Date of birth (m/d/y) _____ /_____ /_____

If you are not the patient, your name and relationship to patient _____

Form completion date (m/d/y) _____ /_____ /_____

Reason(s) for grievance(s): _____

_____

_____

Right(s) potentially violated: ☐ Treatment rights ☐ Record privacy and access ☐ Communication ☐ Personal ☐ Privacy ☐ Miscellaneous ☐ Unknown/Unsure

**Full list of client rights can be found at https://www.dhs.wisconsin.gov/clientrights/intro.htm*

Additional information relevant to this grievance: _____

_____

_____

Relief/Resolution sought: _____

_____

Signature of patient or person filing grievance on patient's behalf

Signature/Title _____ Date (m/d/y) _____ /_____ /_____ Time _____

Note: *Grievances are not required to be written. Grievances can be submitted to the Client Rights Specialist orally. If grievances are communicated orally, the grievant should inform the Client Rights Specialist that it is the grievant's intent to file orally.*

Send completed form to:
Patient Experience Liaison
Marshfield Clinic Health System
1000 N. Oak Avenue
Marshfield, WI 54449

Email to: pt.exp.liaison@marshfieldclinic.org

Or call the patient experience team: 715-387-5300

