



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.

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):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> 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:

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

Section V - Signature of Person Filing Complaint

Signature: _____ Date: _____