

## Grievance QIA Outcome Template

Date:

Dear \_\_\_\_\_:

We would like to inform you that the complaint you filed on \_\_\_\_\_ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for bringing your concerns to our attention. If you have any additional questions or concerns, please contact \_\_\_\_\_ at \_\_\_\_\_.

If you are dissatisfied with the outcome of your complaint you may contact:

ESRD Network XX  
Patient Services Department  
Street Address  
City, State, Zip Code  
Toll Free: Phone #

Or

Department of Health Service Licensing and Certification Division  
P.O. Box  
Street Address  
City, State, Zip Code  
Phone: Phone #

Kind Regards,

Name  
Title