

Report a Complaint about Affinity

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State the city where th	ne incident occu	urred:			_			
State the health care of the incident occurred:	_	nere			_			
Organization Name:								
Country:								
Address:								
	tion below if yo	ou would like A	iffinity to	notify you a	ibout any ac	ction tak	en on yo	ur complaint.
Complete the informa Your name will be kep I am: Anonymous Do you wish to remain May we contact you if Information related to Salutation (circle one): First name:	■ A member/p anonymous: we need more the incident? Mr.	Yes No.	,)	·			S	uffix:
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Disclaimer (Please read the disclaimer before submitting your complaint):

When submitting a complaint to Affinity, you may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables Affinity to inform you about the actions taken in response to your complaint, and also to contact you should additional information be needed.

It is our policy to treat your name as confidential information and not to disclose it to any other party. However, it may be necessary to share the complaint with the subject organization in the course of a complaint evaluation.

Affinity policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to Affinity.

Please fax this request to Affinity at (510) 662-3492 or mail to Affinity at P.O. Box 71050, Oakland, CA 94612-7150 or in person to 1221 Broadway, 3rd Floor, Oakland, CA 94612.