

## PATIENT ADVOCATE ONE

A GereNetCo Movement

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# DIALYSIS PATIENT GRIEVANCE TEMPLATES

Ready-to-use templates for filing complaints, requesting care reviews,  
and documenting concerns about your dialysis treatment.

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### What is in this document:

#### **Template 1:** General Treatment Concern — Formal Letter

For raising a significant concern with your dialysis facility administrator or medical director.

#### **Template 2:** Staffing and Safety Concern

For documenting and escalating concerns about staffing qualifications or safety practices.

#### **Template 3:** Access Care Complaint

For reporting concerns about how your vascular access is being managed or maintained.

#### **Template 4:** Treatment Time and Adequacy Concern

For addressing a pattern of shortened sessions or inadequate treatment delivery.

#### **Template 5:** Formal Grievance to ESRD Network

For escalating unresolved concerns to your regional ESRD Network.

#### **Template 6:** Incident Documentation Form

For recording the facts of a specific incident while details are fresh.

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## HOW TO USE THESE TEMPLATES

1. Fill in your specific information in the blank fields.
2. Keep a copy of every letter or form you submit.
3. Note the date and method of delivery for each submission.
4. If submitting by mail, use certified mail with return receipt.
5. If submitting in person, ask for a signed and dated receipt.

6. Follow up in writing if you do not receive a response within 14 days.
7. These templates are starting points — adapt the language to your specific situation.

**IMPORTANT: These templates are for patient education and advocacy support only. They do not constitute legal advice. For complex legal matters, consult a patient rights attorney or contact your state's patient advocacy office.**

**ESRD Network Contact:**

esrdncc.org — Find your regional network by searching your state.

CMS Complaint Line: 1-800-MEDICARE (1-800-633-4227)

Patient Advocate One: [gerenet@gerenetco.com](mailto:gerenet@gerenetco.com)

**TEMPLATE 1**

**General Treatment Concern — Formal Letter**

Use this template when you need to formally raise a significant concern with your dialysis facility's administrator or medical director. This letter creates a written record and signals that you expect a formal response.

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**Your Name:**

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**Your Address:**

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**Your Phone Number:**

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**Today's Date:**

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**Facility Name:**

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**Facility Administrator Name (if known):**

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**Facility Address:**

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Dear [Administrator/Medical Director Name],

I am writing to formally raise a concern regarding my dialysis treatment at [Facility Name]. I have been a patient at this facility since [DATE] and I am writing because I believe a concern I have raised informally has not been adequately addressed.

**My specific concern is:**

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**This concern first occurred or came to my attention on:**

**Date:**

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**I previously raised this concern informally with:**

**Staff Member Name / Role:**

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**Date of Informal Conversation:**

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**The response I received was:**

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I am requesting a formal written response to this concern within 14 days of receiving this letter. I would like to understand what steps will be taken to address the situation and what I can expect going forward.

I am committed to maintaining a constructive relationship with this facility and to receiving the care I need. I am raising this concern in writing because I believe it is important to document it formally and because I expect a substantive response.

Sincerely,

**Signature:**

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**Printed Name:**

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**Patient ID / Chart Number (if known):**

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**TEMPLATE 2**

### **Staffing and Safety Concern**

Use this template when you have concerns about the qualifications, experience, or practices of staff members involved in your care — particularly around access cannulation, machine setup, or emergency response.

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**Your Name:**

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**Date of Incident or Concern:**

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**Facility Name:**

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**Name of Staff Member (if known):**

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**Role of Staff Member:**

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**Description of the staffing concern:**

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**Other staff or patients who witnessed the incident (if any):**

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\_\_\_\_\_

\_\_\_\_\_

**Did you experience any physical harm or complications as a result?**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What resolution are you requesting?**

*Examples: Documentation of the incident in my chart. Assurance that a specific technician will not perform my cannulation. Review of staff qualifications. Explanation of the facility's training requirements for this procedure.*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am submitting this concern formally and request written acknowledgment of receipt and a written response within 14 days.

**Signature:**

\_\_\_\_\_  
\_\_\_\_\_

**Date:**

\_\_\_\_\_  
\_\_\_\_\_



Have you reported this concern to your care team previously?

Yes  No

If yes, when and to whom:

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Response received:

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What I am requesting:

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Vascular access is essential to my treatment and my life. I am requesting that this concern be reviewed by the facility medical director and that I receive a written response describing what actions will be taken.

Signature:

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Date:

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TEMPLATE 4

### Treatment Time and Adequacy Concern

Use this template when sessions are consistently starting late or ending early without your full prescribed treatment time being delivered. Treatment time is part of your medical prescription. You have the right to receive it.

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Your Name:

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Facility Name:

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My prescribed treatment duration:

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Document specific sessions below:

Date	Scheduled Start	Actual Start	Delay (mins)	Session End Time	Full Rx Delivered?

How this pattern is affecting my health or wellbeing:

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**What I am requesting:**

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I am requesting a formal review of my treatment records to confirm whether my prescribed treatment duration has been consistently delivered, and a written plan describing how this will be corrected going forward.

**Signature:**

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**Date:**

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**TEMPLATE 5**

**Formal Grievance to ESRD Network**

Use this template when you have been unable to resolve a concern at the facility level and want to escalate to your regional ESRD Network. ESRD Networks are federally funded organizations that advocate for dialysis patient rights and investigate unresolved complaints. Find your network at [esrdncc.org](http://esrdncc.org).

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**Your Name:**

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**Your Address:**

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**Your Phone:**

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**Your Email:**

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**Dialysis Facility Name:**

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**Facility Address:**

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**Your Nephrologist Name:**

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**Summary of the concern I am escalating:**

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**Steps I have already taken at the facility level:**

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**Dates of previous complaints and responses received:**

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**Outcome I am requesting:**

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I am submitting this grievance because I was unable to achieve a satisfactory resolution at the facility level. I request an investigation and a written response describing the outcome. I understand this information may be shared with the facility as part of the investigation process.

**Signature:**

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**Date:**

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*Mail or submit this form to your regional ESRD Network. Find your network at: [esrdncc.org](http://esrdncc.org)*

TEMPLATE 6

### Incident Documentation Form

Use this form immediately after an incident occurs — while details are fresh. This is for your personal records. Accurate documentation is essential if you need to file a formal grievance later. Fill this out as soon as possible after the event.

**FILL THIS OUT AS SOON AS POSSIBLE AFTER AN INCIDENT OCCURS.**

Date of incident:

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Time of incident:

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Location (facility name, chair number if known):

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Your name:

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Names of staff involved (write down what you can):

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What happened — describe exactly what you observed, in the order it happened:

*Use plain factual language. Do not include opinions — just what you saw and heard.*

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**What you said or did in response:**

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**What staff said or did in response:**

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**Were there any witnesses (other patients, family members, staff)?**

**Name and relationship if known:**

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**Did you experience any physical symptoms or harm as a result?**

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**What did you do after the session ended? (E.g., called care team, went to ER, etc.)**

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**Completed by:**

**Name:**

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**Date completed:**

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**Time completed:**

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*Keep this form in a safe place. If you need to file a formal grievance, this documentation will support your complaint with specific facts and dates.*

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## YOUR RIGHTS AS A DIALYSIS PATIENT

### Right to Information

You have the right to know your diagnosis, your treatment plan, your lab results, and the credentials of the people providing your care.

### Right to Participate in Your Care

You have the right to be involved in decisions about your treatment, to ask questions, and to have those questions answered in terms you understand.

### Right to File a Grievance

You have the right to file a formal complaint with your facility and to have that complaint investigated. You have the right to escalate to your ESRD Network if the facility does not respond adequately.

### Right to Be Free from Retaliation

You have the right to file a complaint without fear of retaliation. If you believe your care has been affected because you filed a complaint, that itself can be reported to your ESRD Network.

### Right to Safe and Adequate Care

You have the right to dialysis treatment that meets the standards required by your Medicare certification and your individualized treatment prescription.

### Right to a Social Worker

Every Medicare-certified dialysis facility must provide social work services. You have the right to speak with a social worker about concerns affecting your care and quality of life.

### Right to Access Your Records

You have the right to access your own medical records, including your treatment logs, lab results, and standing orders.

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## CONTACT AND RESOURCES

**ESRD Network (find yours):** [esrdncc.org](http://esrdncc.org)

**CMS Complaint Hotline:** 1-800-MEDICARE (1-800-633-4227)

**American Association of Kidney Patients:** [aakp.org](http://aakp.org)

**American Kidney Fund Patient Help Line:** 1-866-300-2900

**Patient Advocate One:** [gerenetco.com/patient-advocate-one](http://gerenetco.com/patient-advocate-one)

**ChaircAlm Patient Safety App:** [chaircalm.com](http://chaircalm.com)

**GereNetCo LLC:** [gerenet@gerenetco.com](mailto:gerenet@gerenetco.com)

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