



# The Joint Commission / Report a Complaint about a Health Care Organization

## Health Care Organization Information

Complete the three steps below. In step 3, only health care organizations accredited/certified by The Joint Commission are included in the list.

1. Select the state/country where the incident occurred:

CALIFORNIA

2. Select the city where the incident occurred:

Lodi

3. Select the health care organization where the incident occurred:

Dameron Hospital Association

If you DID NOT find the name of the health care organization from the list in step 3 above or the address below is incorrect, Press **Reset** and please complete the information below.

Organization Name: \*Required

Dameron Hospital Association

Country:

United States

Organization Street Address:

525 West Acacia Street

City:

Stockton

State:

CALIFORNIA

Zip Code:

95203

## Personal Information

Complete the information below if you would like The Joint Commission to notify you about any action taken on your complaint. Your name will be kept confidential.

I am: \*Required

Patient

Do you wish to remain anonymous? \*Required ☐ Yes ☒ No

May we contact you if we need more information related to the incident? \*Required ☒ Yes ☐ No

Salutation:

Ms.

First Name:

Tiffany

Middle Initial:

K

Last Name:

Anderson

Suffix:

Select...

Professional Credentials:

Select...

Street Address:

2 N Avena Avenue

City:

Lodi

State:

CALIFORNIA

Zip:

95240

Email:

tiffanyanderson@me.com

Your Company Name:

## Incident Information

Incident Date: 04/00/2004

\*Required

Incident Narrative (Provide a brief overview of your complaint. Please limit your narrative to 3 pages (15,000 characters)) \*Required

I went to Dameron Occupational Health for my pre-employment screening in April of 2004. I also went to Dameron for a work-related exposure within six months of my being hired. I have repeatedly requested documentation of both of these visits from Dameron's records department and have never been provided with these important-to-me records. Please help me obtain these records. My date of birth is 8/22/1970.

## Disclaimer (Please read the disclaimer before submitting your complaint)

When submitting a complaint to The Joint Commission about an accredited organization, you may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables The Joint Commission 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

**The Joint Commission / Report a Complaint about a Health Care Organization****Complaint Submission Confirmation****Print This Page For Your Records**

Thank you for submitting your complaint to The Joint Commission for review.

Visit the Office of Quality Monitoring webpage for information about the complaint review process.

**Please print this page for your records. If you are unable to print this page, make a note of your complaint incident number.** You will need this number to follow up with The Joint Commission or to submit an update to your complaint.

**Thank you for submitting your complaint!**

**Tuesday, March 18, 2014**

**Your complaint incident number is:**

**61987QAM-02110ZSJ**

Printer Friendly

Exit

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