

Date:  
Patient Name  
Patient Address

Dear Mr. / Ms...:

Thank you for taking the time to reach out to us at HOSPITAL and share your experience. We here at HOSPITAL take comments, complaints, and compliments seriously and hope this response satisfies your expectations. (Perhaps include a statement such as, "We are sorry your stay here at HOSPITAL did not meet your standards.")

In your letter to us, you shared some concerns. The fact finding included WHOMEVER WAS INTERVIEWED, DOCUMENTS REVIEWED, ETC. The following outlines HOSPITAL's review of the concerns you shared:

- Complaint in Patient's words... Hospital review... Finding
- Next Complaint in Patient's words... Hospital review... Finding
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Per 104 CMR 32.04(7), any party to the complaint has the right to request reconsideration of this decision. The parties must request reconsideration in writing within ten (10) days of receipt of the decision. The request must, with specificity, assert:

- the failure to interview an essential witness or the failure to consider an important fact or factor;
- that the decision is not reasonably supported by the facts; or
- that the decision is based on an erroneous interpretation of applicable law or policy.

Reconsideration requests should be sent to:

Name of Person in Charge  
Hospital Name  
Hospital Address

In addition to a reconsideration request, the client, a Legally Authorized Representative, or an individual or entity authorized to act on behalf of the client may appeal to the Director of Licensing of the Department of Mental Health under 104 CMR 32.04(7)(b)2b. All appeals must be submitted in writing within ten (10) days of receipt of the decision. The request must, with specificity, assert:

- the failure to interview an essential witness or the failure to consider an important fact or factor;
- that the decision is not reasonably supported by the facts; or
- that the decision is based on an erroneous interpretation of applicable law or policy.

Appeals should be sent to:

Director of Licensing  
Department of Mental Health  
25 Staniford Street, Room M045  
Boston, MA 02114  
(Please include your current contact information)

If you have any questions on any of these rights as explained above, please call the Human Rights Officer, (NAME OF HRO) at (HRO'S PHONE NUMBER).

Sincerely,

NAME OF PERSON IN CHARGE  
NAME OF HOSPITAL  
cc: HRO