



**Ronald McDonald
House Charities®**
Chicagoland & Northwest Indiana

Family Complaint Submission

Date: _____

Patient Name: _____

Complaint submitted by: _____

Complaint Details:

I understand that until the Grievance Procedure is completed, the current decision will be upheld. RMHC-CNI will make every effort to proceed through the procedure quickly.

Please return the completed form to Lisa Mitchell, Chief Program Officer, at:

Tripp Avenue at Airmail Road
PO Box 7002
Hines, IL 60141