**Outcome Letter Template**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We would like to inform you that the complaint you filed on \_\_\_\_\_\_\_\_\_\_\_\_ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for bringing your concerns to our attention. If you have any additional questions or concerns, please contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you are dissatisfied with the outcome of your complaint you may contact:

Qsource ESRD Network 12

Patient Services Department

920 Main St., Ste. 801

Kansas City, MO 64105

Toll-Free: 800-444-9965

Or

**Missouri Department of Health**
**Bureau of Outpatient Healthcare**

PO Box 570

3418 Knipp Drive, Ste. D

Jefferson City, MO 65102-9812

573-751-6303

Kind Regards,

Name

Title