

Complaint and Grievance Submission Form

The Foundation for the Accreditation of Cellular Therapy (FACT) addresses complaints and grievance related to its business of accreditation. It is FACT's goal to conduct investigations, derive conclusions, and enact remedial steps in respectful and confidential manner to both the complainant and the subject of the complaint or grievance.

Please note the following prior to submitting a complaint or grievance:

- FACT will only review complaints and grievances that are specific to the Cellular Therapy Standards; Cord Blood Standards; and/or the FACT Board of Directors, committee members, inspectors, staff, and/or accreditation process.
- FACT does not address grievances related to the individual management of a patient unless it directly relates to a standard.
- For grievances related to the services of a FACT accredited or applied organization, the complainant will be instructed to first file a complaint with the program or bank.
- If a grievance contains material evidence of violation of laws or regulations, FACT will request legal review and consultation from its attorney.
- If additional information is requested from the complainant, the information must be provided in 30 days or the complaint or grievance will be closed.
- FACT does not review any complaints related to unaccredited organizations.

Complainant Contact Information:

Name: _____

Address: _____

Email: _____ Phone: _____

Please complete the relevant information below and provide a complete description of the complaint/grievance, including copies of all applicable supporting and relevant documents. Submit additional pages if necessary.

Organization Name: _____

Organization Director: _____ Date of Inspection: _____

FACT Inspector: _____

Description of complaint/grievance:

For additional questions, and to submit this form, please contact:

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Quality Manager

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