



Reporter Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

# Service Feedback

I am filing a (please select one): **Compliment** **Grievance**

This is regarding **Location:** \_\_\_\_\_ and **Department:** \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Service Type (please select all that apply):**

- |                         |                         |
|-------------------------|-------------------------|
| Accommodation/Access    | Medical Records         |
| Behavior/Respect        | MyChart                 |
| Billing                 | Parking                 |
| Communication           | Property/Personal Items |
| Confidentiality/HIPAA   | Quality of Care         |
| Delay Response Time     | Safety                  |
| Other (please explain): |                         |

**Were there other individuals involved? If so, please provide their names:**

Individual 1:	Type:
Individual 2:	Type:
Individual 3:	Type:

**Please provide details of your feedback below:**

I would like to be contacted to discuss my feedback.  
I do not want to be contacted.