



**Confidential Patient Comment/Concern Communication**

At \_\_\_\_\_, we want you to be satisfied with your care. If you are not satisfied for any reason we want you to tell us. Although our staff tries to meet the needs of all patients we serve, we recognize that there will be times when issues arise that require explanation or correction. If you wish to express a comment, positive or otherwise, or report an issue that has you concerned, please do so. We welcome your comments, concerns or suggestions to our management through this form. Be assured, we will honor your confidentiality and only use your information to the extent necessary to resolve your issue. Our goal is to continuously improve our services and you can be of assistance by telling us what we can improve. Thank you for taking the time to share your concern.

My comment is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My concern is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us how you would like to be contacted by completing your contact information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Thank you.