



HOSPITAL SERVICES

PATIENT/VISITOR COMMENTS

PLEASE LET US KNOW HOW WE ARE DOING!

Please complete the questions on the back of this form and drop it in the return box or mail it back to us in a postage-paid envelope.

It is very important to us that we learn what we are doing well and what we need to improve.

You may also receive a survey in the mail about the care and services you received while at the hospital. Please complete the survey and mail it back in the postage-free envelope to the company that processes our surveys—*Improving Healthcare.*

Date of Visit:

Department:

I am a: Patient _____ Visitor _____

TELL US HOW YOUR VISIT WAS:

What is one thing that you feel we could improve about your visit?

What is one thing that you feel we are doing well?

Please list any staff members who made your experience special:

Name and Phone Number (Optional):

We appreciate your time in giving us this valuable feedback.