



We welcome your feedback!

Thanks for taking time to fill out this form. Patient comments about our services are very important. They help us improve how we meet the needs of our patients. If you need help in filling out the form, please ask any member of our staff.

Today I am making a:

Comment

Compliment

Complaint

It concerns:

Hillside Health Center in Ukiah

Lakeside Health Center in Lakeport

Little Lake Health Center in Willits

Date of event: _____ Date of this report: _____

Optional Information

Name: _____ Phone: _____

Address: _____ Date of birth: _____

Tell us what you think: *Please give us as many details as possible.*

If you need more space to write, please use another sheet of paper.

You may turn in this form by bringing it to any of our three health centers (addresses listed above), or by mailing it to:
 MCHC Performance Improvement Office, 333 Laws Avenue, Ukiah, CA 95482.

If an MCHC staff member helped you fill out this form, please provide his or her name: _____

For internal use only

Follow-up: _____

MCHC staff: Please treat this form with the highest confidentiality.
 Send it immediately to MCHC's Performance Improvement Office at Hillside Health Center.

¡Bienvenidas sus sugerencias!

Gracias por tomarse su tiempo para llenar esta forma. Los comentarios de los pacientes acerca de nuestros servicios son muy importantes. Nos ayudan a mejorar como encontrar las necesidades de nuestros pacientes. Si necesita ayuda en llenar la forma, por favor pregunte por algún miembro de nuestro personal.

Hoy estoy presentando un:

Comentario

Cumplido

Queja

Me preocupa:

Ukiah: Hillside Health Center

Lakeport: Lakeside Health Center

Willits: Little Lake Health Center

Día del evento: _____ Fecha del Reporte: _____

Información Opcional

Nombre: _____ Telefono: _____

Dirección: _____ Fecha de Nacimiento: _____

Díganos que es lo que piensa: *Por favor de nos lo mas posible de detalles.*

Si necesita mas espacio para escribir, por favor anótelo en otro papel.

Usted puede entregar esta forma al darla a cualquier de nuestros tres centros (las direcciones listadas abajo), o mandarlos por correo a: MCHC Performance Improvement Office, 333 Laws Avenue, Ukiah, CA 95482.

If an MCHC staff member helped you fill out this form, please provide his or her name: _____

For internal use only

Follow-up: _____

MCHC staff: Please treat this form with the highest confidentiality.
(*Personal de MCHC: Por favor trate de esta forma con la más alta confidencialidad.*)
Send it immediately to MCHC's Performance Improvement Office at Hillside Health Center.