



MCHC HEALTH CENTERS

Form # PI-001-E
Rev. 02-16
Page 1 of 1

PATIENT FEEDBACK FORM

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 [ ] Lakeview Health Center [ ] Little Lake Health Center

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.

Hillside Health Center
333 Laws Ave., Ukiah
707.468.1010

Lakeview Health Center
5335 Lakeshore Blvd., Lakeport
707.263.7725

Little Lake Health Center
45 Hazel St., Willits
707.456.9600