No. F-_____

CALLEN-LORDE
COMMUNITY HEALTH CENTER

356 West 18th Street · New York, NY 10011
212-271-7200 (main) · 212-271- 8111 (fax)

PATIENT COMPLAINT AND OTHER FEEDBACK FORM

How are we doing?

At Callen-Lorde we appreciate all kinds of comments, good and bad from our patients. Your feedback helps us decide what to keep doing, what to stop doing, and what to do better. You may also be letting us know about something we do not realize is happening. We welcome detailed feedback and if you choose to include your name and contact information, we are committed to responding to you within 30 days. Thank you for taking the time to write to us. Wendy Stark, Executive Director

Check all that apply:

□ Complaint
□ Suggestion
□ Compliment

_____ _____/_____/_____ _____

Print Name of Patient ***(optional)*** Date Time am/pm

_____ (_____)_____-_____

Patient's Address & Telephone # ***(optional)***

Please describe your feedback and include any pertinent information (names, titles, etc.):

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(*Please attach additional pages as needed.*)

Patient's Signature: X_____ Date: _____/_____/_____

If this form was written on behalf of the patient, please check here: □
If this feedback was taken via phone, please check here: □

Staff's Signature: X_____ Date: _____/_____/_____

Staff Print Name_____ Title _____

Feedback may be returned to any staff member, put in any Callen-Lorde suggestion box (located on all floors), faxed to 212-271-8111 or mailed to Callen-Lorde at the address above, Attn: Feedback.
Please do not attempt to email your feedback to Callen-Lorde; your confidentiality can not be guaranteed in email.

(v. 5/10)