# Patient Feedback Form

It is the goal of Clinica Romero to provide you with the highest quality of care possible. We appreciate any compliments or complaints regarding the care or services you received with us. We take your feedback seriously and appreciate the opportunity to know what's working well and what improvements need to be made to meet your needs.

If you choose to include your name and contact information, we are committed to responding to you within 72 hours. The information on this form is considered confidential and will be used for quality assurance purposes only. Thank you for taking the time to write to us.

**PLEASE CHECK ALL THAT APPLY:** □ Compliment □ Suggestion □ Complaint

**LOCATION:** □ Boyle Heights (NE) □ Alvarado (ALV) □ Children’s Clinic (SVT)

Name: Telephone Number: Date:

Name of the staff member involved/witness: What time is good to reach you: \_AM PM

**COMPLIMENT/COMPLAINT SUBMITTED:** □ In Person □ Via Phone □ Website

# NATURE OF COMPLIMENT/COMPLAINT

* Administrative □ Quick appointment access □ Billing/Fees
* Good referrals to outside providers □ No Appointment access □ Great medical care
* Poor referrals to outside providers □ Sexual Misconduct □ Poor medical Care
* Good laboratory service □ Great customer service □ Long wait time
* Poor laboratory service □ Poor customer service

If “other,” please explain briefly:

# In your own words please tell us why you are not happy or happy with the care or service you received:

**As a result of your compliment or complaint, what would you like to see happen?**

I understand that staff investigating this complaint may need to see and review health records, but that all information will be kept confidential. I further understand that this complaint/grievance will in no way affect any care provided.

Signature: Date: