

**Just thought you'd like to know,
509th Medical Group,
that I am:**

(Please Circle Response)



Impressed



Pleasantly Surprised



Satisfied



A Bit Annoyed



Angry

I would like to comment on one of your employees.



Name of Employee: _____

We want to make our service to you better than ever! Your viewpoints, needs, observations, and impressions of the service you receive are very important to us. Your opinions will be considered in establishing policies and designing services and programs for all our customers.

When we do not met your needs please let us know. If you are pleased with our services, we would like to hear that too! Patient Advocates are located throughout the facility in each section and will be glad to assist you with any comments or concerns you might have.

Area/Clinic Seen In:

Date:

Comments:

Your name is optional unless you would like to receive a call back regarding your comments. If so, please give us your name and a number where you can be reached.

Name/Rank: _____

Phone Number: _____

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Return To:
Patient Advocate
509 MDG
331 Sijan Avenue
Whiteman AFB MO 65305

Return To:
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509 MDG
331 Sijan Avenue
Whiteman AFB MO 65305

Place
Stamp
Here

Place
Stamp
Here



Customer Comment Card



Customer Comment Card