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PATIENT RELATIONS WORKSHEET

NHCP Form 6320/116 (06/06)

This form is designed to help us collect key information to resolve your issue, better meet your needs, and to reward our staff for their service efforts.

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974

Last Name	First Name	Rank/Grade	Last 4 of Sponsor's SSN

Email Address	Home Phone	Work Phone	Cell Phone

Clinic, Department, or Service Area	Staff Member Name(s) (if known)

Date of Event	Date Form Completed
	6/27/06

Issue Type	☐ Compliment ☐ Concern ☐ Question / Request for Assistance
Issue Category	☐ Access to Care or Services (for example - telephone system, appointments, TRICARE) ☐ Customer Service ☐ Environment (for example - safety, parking, facility cleanliness) ☐ Quality of Care ☐ Other *Specify*:

Comments

Continue on reverse, if needed

Staff Use Only

Tracking Number Assigned (Patient Relations Staff Only)	

AUTH: 5 USC310, Department Regulations. PURPOSE: To improve patient care and relations. ROUTINE USES: Evaluation and improvement in customer treatment, implementation of suggestions, and responding to compliments, concerns, and questions.

Please deposit this form in a designated drop box, drop it off at the Patient Services Center (Hospital Pharmacy Lobby), give it to a staff member, or mail the completed form to: *Naval Hospital, Patient Relations Department, Box 555191, Camp Pendleton, CA 92055-5191*

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