Form Approved OMB Form No. 0917-0036 Expiration Date: 5/30/2015

FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE

"WE CARE"

Tell us how we did today!

Please rate the areas you visited today. FILL in the correct square. Comments may be written on the back. Providing personal information is voluntary and will only be used to contact you in order to respond to your complaints, inquiries or comments.

Which clinic did you visit? □ Poplar □ Wolf Point

Response Definition: 1 - Unsatisfactory; 2 - Below Average; 3 - Average; 4 - Above Average; 5 - Outstanding

	1	2	3	4	5	
Administration						
Appointment Desk		🗆				
Audiology						
Behavioral Health		🗆				
Benefits Coordinator						
Business Office		🗆				
Case Management		🗆				
Purchased Referred Care (formerly CHS)						
Dental		🗆				
Information Desk / Switchboard						
Lab		🗆				
Medical Providers						
Medical Clinic Nurses and Assistants						
Medical Records		. 🗆				
Optometry						
Patient Registration						
Pharmacy		🗆				
Public Health Nursing						
Radiology		🗆				
Environment Appearance Outside / Inside	🗆					

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	"WE CARE"	Tell us how we did today!					
What Med	dical Team are you on?			_			
How did y	our Team perform today?			_			
Date of S	ervice			_			
Would yo	u like to be contacted about any concerns	?	Yes				
Comment	rs:						
Name:							
	DELOW THIS IS ES	OD INTERNAL LICE O	NAM V				
	BELOW THIS IS FO	OR INTERNAL USE C	JNLY				
Date Receiv	red by Risk Management Department	Assig	gned Tracking Ni	umber			
Date Referr	ed on for further investigation	Date	Date Investigation Comple				
Referred to:							
Date Return	ed to Risk Management Department	_ Com	Complainant Contacted o				
Date Closed		☐ Phone	☐ Letter	☐ Email			

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average three minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.