

FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE

"WE CARE"

Tell us how we did today!

What Medical Team are you on? _____

How did your Team perform today? _____

Date of Service _____

Would you like to be contacted about any concerns? _____ Yes _____ No

Comments:

Name: _____

Address: _____

Phone: _____

BELOW THIS IS FOR INTERNAL USE ONLY

Date Received by Risk Management Department _____

Assigned Tracking Number _____

Date Referred on for further investigation _____

Date Investigation Completed _____

Referred to: _____

Date Returned to Risk Management Department _____

Complainant Contacted on _____

Date Closed _____

Phone

Letter

Email

Comments: _____

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.