

# We Care

How easy was it to access your Primary Care Team?

Poor  Fair  Good  Excellent

How was our customer service today?

Poor  Fair  Good  Excellent

How was your wait time?

Poor  Fair  Good  Excellent

How did your team perform today?

Poor  Fair  Good  Excellent

How were your needs met today?

Poor  Fair  Good  Excellent

How was your overall experience today?

Poor  Fair  Good  Excellent

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 five 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 Approved  
OMB Form No. 0917-0036  
Expiration Date:

## Northern Cheyenne Service Unit

**We value your opinion. Thank you for taking a moment to let us know about your visit today.**

Care Provider/Location:

Date of Visit:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your concerns/comment  
S: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

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