

How Are We Doing?

How easy was it to access your Primary Care Team?

Poor Fair Good Excellent

How was our customer service at 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

Did your Primary Care Provider discuss your action plan for self-management today? YES
NO

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, please write



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

Crow 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:
