

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:
