

# **Manet Community Health Center, Inc.**

## **PATIENT FEEDBACK FORM**

**We want to hear from you, whether it's a complaint or a compliment. Please let us know what your experience has been. Your feedback helps us improve our services**

Site you are reporting about:

Houghs Neck ; Hull ; North Quincy ; Snug Harbor ; or Taunton .

Date today: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Person completing this report: \_\_\_\_\_

Are you making this report for yourself? \_\_\_\_\_ For someone else? \_\_\_\_\_

If for someone else, who? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Phone Number where we can contact you: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

If you know who the Staff member(s) involved in your report is (are), please list their names or their job at the health center, (if you do not know their names).

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Please write what happened below. If more space is needed, continue on the next sheet.

**Mail the completed form to: Cynthia H. Sierra, Chief Executive Officer, Manet Community Health Center, Inc., 110 West Squantum Street, North Quincy, Massachusetts 02171.**

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