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:

Attleboro ☐ Houghs Neck ☐ Hull ☐ North Quincy ☐ Snug Harbor ☐ Taunton ☐
Manet at Taunton Public Schools ☐ Manet at Father Bill's ☐; or 549 Washington Street, Quincy (Community Outreach Office) ☐

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).

_____

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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Mail to:

Cynthia H. Sierra
Chief Executive Officer
Manet Community Health Center, Inc.
110 West Squantum Street
North Quincy, Massachusetts 02171