

PATIENT COMMUNICATION FORM

Indian Health Care Resource Center of Tulsa is here to provide quality care to American Indians. It is a center where doctors, nurses, counselors and other trained persons work together to give you complete, quality care. At IHCRC, we are committed to continuous quality improvement. Please use this form to report your comments, suggestions, complaints or compliments. Applicable staff will read all comments and act accordingly, when necessary. Which best describes your comments?

Complaint

Suggestion

Compliment

Today's Date: _____ Phone Number: _____ Patient DOB: _____

Patient Name: _____ Email: _____

Patient's Comments (Please be brief and specific in your comments):

Patient's Signature

Date

**How would you like us to follow up with you?

Telephone

Email

Follow up not needed

Referred to: _____ Referred by: _____

Unfinished/Tracking copy forward to Clinical Quality Coordinator

Policy/Process

Customer Service

Safety

Pharmacy

Other _____

Response:

Requires further action? Yes No

Respondent's Signature

Date

After documenting response, forward to Clinical Quality Coordinator for processing. Sent on _____