

Patient Feedback Form

While Western Michigan University School of Medicine Clinics strive hard to maintain positive relationships with all persons who receive care from us, we realize that from time to time a patient may have feedback (praise, compliments, concerns or complaints) about one of our policies or one of their experiences while in our office.

Your feedback is important to us and we invite you to make note of your praise/compliment/concern/complaint so that we can do everything within our power to provide quality services to our patients.

Please log your praise/compliment/concern/complaint below:

Date: _____

Please note that your praise/compliment/concern/complaint will be taken seriously and we will review it promptly. If you wish to receive a response, please include your name, date of birth and contact information below.

Patient Name: _____ Date of Birth: _____

E-mail: _____ Telephone #: _____

Person Completing Form: _____ Relationship: _____

Thank you,
WMed Clinic Management Team