Walter Reed Bethesda

PATIENT RELATIONS SERVICE COMMENT CARD

Date:_____, 20_____

I would like to comment on the following situation/circumstance: (Circle all that apply)

Compliment Suggestion Concern Other

Who was involved? (Circle all that apply) Volunteer Patient Visitor Staff

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May we have your permission to contact you: Yes or No

Name:_____

Email address:_____

Contact Number:_____