



PATIENT VOICE FEEDBACK FORM

Use the Patient Voice Feedback Form to submit a compliment about our staff and/or services or bring forward an area of improvement or concern. NEW Health handles all patient/caregiver concerns and grievances in a consistent and timely manner. NEW Health has an established procedure for investigating patient feedback and for any needed process improvement due to the feedback.

Need assistance filling out this form? Our staff are happy to help you.

DATE: _____ NAME (OPTIONAL): _____

PHONE (OPTIONAL): _____ ADDRESS (OPTIONAL): _____

My feedback is related to the following site(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Chewelah Medical | <input type="checkbox"/> Loon Lake Medical | <input type="checkbox"/> Colville Dental |
| <input type="checkbox"/> Chewelah Pharmacy | | |
| <input type="checkbox"/> Colville Medical | <input type="checkbox"/> Northport Medical | <input type="checkbox"/> Lake Spokane Dental |
| <input type="checkbox"/> Colville Pharmacy | | |
| <input type="checkbox"/> Lake Spokane Medical | <input type="checkbox"/> Selkirk Medical | <input type="checkbox"/> Newport Dental |
| <input type="checkbox"/> Lake Spokane Pharmacy | <input type="checkbox"/> Springdale Medical | <input type="checkbox"/> Springdale Dental |
| <input type="checkbox"/> Newport Medical | | |
| <input type="checkbox"/> Newport Pharmacy | | |

COMMENT OR CONCERN:

IF THIS WAS A CONCERN, WHAT DO YOU THINK WOULD RESOLVE IT?

Thank you for taking the time to leave feedback! Your experience is important to us.