



Customer Feedback Form

MAIL TO: Performance Improvement, YKHC
 P.O. Box 287, Bethel, AK 99559
Fax: 907-543-6366
Email: customer_comments@ykhc.org

Date Submitting: _____ Name of Person Submitting Comment _____

Relation to Patient: Patient Family Significant Other Guardian/POA Staff Member Witness

Patient Name: _____ DOB: _____ Date of Occurrence: _____

Address/P.O. Box: _____ Village/City: _____ Zip: _____ Contact #: _____

Type of Comment Form Submitting: Complaint Compliment Grievance Suggestion

Where incident occurred: _____

Employees involved: _____

Please write your comment in the space below (*Be specific, write on extra piece of paper if needed*)

It is our goal to respond to patients within three business days of receipt. The criteria to close a comment is to contact the customer, or make three attempts on various days and times. The criteria to resolve a comment is to take some action, ranging from a discussion with the customer or staff to changing a process.



Customer Feedback Response Form

**** For Manager Use or Responding YKHC Employee Use Only****

Date Manager Received Comment: _____

Manager Assigned: _____ Department _____

Manager POV Points of Concern:

Employees of interest (if applicable):

Initial contact date with staff: _____

Method of Contact: In person Phone E-mail

Initial contact date with Submitter/Patient: _____

Method of Contact: In person Phone E-mail

Investigation Findings:

Resolution:

Further Follow Up Required?

Please scan and e-mail to Performance Improvement customer_comments@yhkc.org or deliver to Performance Improvement Coordinator.

Contact numbers if dissatisfied with YKHC response:

Alaska State Department of Health & Social Services: 907-334-2482

The Joint Commission (TJC): 800-994-6610

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