



**Customer Feedback Form**

**MAIL TO:** Performance Improvement, YKHC  
 P.O. Box 287, Bethel, AK 99559  
**Fax:** 907-543-6366  
**Email:** [customer\\_feedback@ykhc.org](mailto:customer_feedback@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)**

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*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:

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Employees of interest (if applicable):

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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:**

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**Resolution:**

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**Further Follow Up Required?**

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Please scan and e-mail to Performance Improvement [customer\\_feedback@yhkc.org](mailto:customer_feedback@yhkc.org) or deliver to Performance Improvement Coordinator.

**Contact numbers if dissatisfied with YKHC response:**

Alaska State Department of Health & Social Services: 907-334-2483

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

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