Unit: _____

Compliment or Concern

Patient Name: _____ Date: _____

Compliments: We love to hear about our staff doing a great job. Your compliments and feedback are important to us. Your feedback is used to recognize our employees who do a great job and go the extra distance to make your experience at Houston Behavioral a positive one.

Concerns: We also take concerns very seriously and your experience here at Houston Behavioral is very important to us. Your feedback helps assist us to improve your patient care. Our mission is to look at each concern and see how we can improve or change your services to provide the best patient experience you can have during your stay in our facility.

Compliment or Concern:

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I have spoken to a staff member about my issue: ☐Yes ☐No
Name of the person I spoke with? _____

1. Were your needs addressed by the staff member you spoke to about your issue? If no, why? ☐Yes ☐No

_____

HOUSTON BEHAVIORAL HEALTHCARE HOSPITAL

Unit: _____

Patient Advocate Only

Action Taken:_____

_____

Resolution:_____

_____

Date Patient Advocate Recorded:_____ Date Resolved:_____

Category:_____