

Customer Feedback Form

MAIL TO: Performance Improvement, YKHC P.O. Box 287, Bethel, AK 99559

Phone: 907-543-6000, ask for Performance Improvement

Fax: 907-543-6366

Email: customer_feedback@ykhc.org

Date Submitting:		_ Name o	f Persor	Submitting Co	mment		
Relation to Patient:	Patient	Family	Signif	icant Other	Guardian/POA	Staff Member	Witness
Patient Name:				DOB: _		Date of Occurre	nce:
Address/P.O. Box:			Villag	e/City:		Zip:	Contact #:
Type of Comment Form S	Submitting:	Com	plaint	Compliment	Grievance	Suggestion	
Where incident occurred:							
Employees involved:							
Limpioyees involved							

Thank you for taking the time to bring your concerns to our attention, as YKHC strives to provide excellent customer care and services.

We welcome all patient feedback as this provides us with a valuable insight into our services from the patient's perspective.