



Nisqually Tribal Health & Wellness Center
 4840 Journey Street Southeast
 Olympia, Washington 98513
 360.459.5312 (main)
 360.456.1557 (fax)
 www.nisqually-nsn.gov

Patient Feedback Form
Attention: Compliance Officer

Date: _____

Full Name: _____ DOB: _____

Phone #: _____ Email: _____

How do you rate your overall experience? Excellent Good Average Poor

Department (circle one): Medical / Dental / Behavioral Health / Pharmacy / Business Office
 Traditional Healing / Café / Healing House / Brighton Creek / Other: _____

How was your experience today? *(Please use back of this form if you need more space)*

How can we improve our services to better serve your needs?

Please submit your form in the comment box (**checked weekly**) located in the main lobby of the NTHWC.
Please note that if this is an *urgent* matter, you may hand this form to any
 NTHWC staff member for immediate attention.

For Staff Use Only:	Low / Moderate / High
Documented by: _____	
Date Program Manager/Director Received: _____	
Date Responded via (Phone call, email, letter, etc.): _____	
Form routed to NTHWC Health Board? (If matter(s) are towards NTHWC CEO / Appeal / Legal)	<input type="checkbox"/> YES Date routed? _____ <input type="checkbox"/> NO

Form Approved: Signed and Approved **Date:** 04/21/23