



Forest County Potawatomi Health and Wellness Center  
**PATIENT SUGGESTION FORM**

**Please complete this form if you have ideas or suggestions to help us improve our services**

**(For patient complaints or grievances, please contact Compliance Coordinator, 2<sup>nd</sup> Floor Administration) (715) 478-4356)**

<p>(optional)</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>I would like to be informed of what actions have been taken: Yes ___ No ___</p> <p>Telephone Number: _____</p> <p>Date: _____</p>
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**Patient Suggestion for Improvement:**

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*Accredited by the*

ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.

PSF# _____ Compliance Department Receipt Date: _____
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