Nimiipuu Nimiipu

Nez Perce Tribal Health Board

Patient Comment Form

INSTRUCTIONS: Please complete this form so that we can follow up on your comment(s) as quickly as possible and get back to you with a solution. Summarize the problem and be sure to include all pertinent information (who, what, when, where).

What are your recommendations for a resolution of this problem:_____

Signed_____ Date_____

Address _____ Telephone_____

_____

_____

I I understand that by making this complaint I do hereby authorize the Nimiipuu He I understand that by making this
oror employees, **to release otherwise confidential to release otherwise confidential informatito release otherw**
fullyfully investigate this complaint. I also release Nimiipuu Health, its staff and employefully investigate this comp
civilcivil ocivil orcivil or criminal liability which may arise as a result, direct or otherwise, from the disclosure
information.

_____

Signature/Date

FOR OFFICIAL NIMIIPUU HEALTH USE ONLY:

Incident#_____ Date/Time received_____ Assigned to: _____

Date/Time Complaint is resolved: _____