



# Customer Feedback Form



Scan code  
for Online Form

Today's Date: \_\_\_\_\_

I am a: Client \_\_\_\_\_ Relative/Friend of a client \_\_\_\_\_ Staff member \_\_\_\_\_ Other: \_\_\_\_\_

Location of Service (Clinic/Department): \_\_\_\_\_

Please tell us your suggestion, compliment, or complaint:

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How would you recommend we respond?

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Was there a specific staff member who helped you?

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*The Florida Department of Health takes your feedback seriously. Our goal is to provide you with excellent customer service. We review all of your compliments and complaints. If you would like to be contacted to discuss your feedback please provide us with your contact information below.*

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**To send in form by mail:** Quality Improvement Department, 1290 Golfview Ave, Bartow, FL 33830

**For Supervisor/Employee only**

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date confirmed with client: \_\_\_\_\_

Resolution taken: \_\_\_\_\_

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Resolved Date: \_\_\_\_\_

Incident Report necessary? (See SOP for guidelines) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Give completed form to your supervisor. Once resolved Please email completed form to  
Fatema.Elqreish@FLHealth.gov.**

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