



MCHC HEALTH CENTERS

Form # PI-001-E

Rev. 3/26

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PATIENT FEEDBACK FORM

We welcome your feedback!

Thanks for taking time to fill out this form. Patient comments about our services are very important. They help us improve how we meet the needs of our patients. If you need help in filling out the form, please ask any member of our staff.

Today I am making a:

☐

Comment

☐

Compliment

☐

Complaint

It concerns:

☐

Hillside

☐

Dora

☐

Lakeview

☐

Little Lake

Date of event: _____ Date of this report: _____

Optional Information

Name: _____ Phone: _____

Address: _____ Date of birth: _____

Tell us what you think: Please give us as many details as possible.

If you need more space to write, please use another sheet of paper.

You may turn in this form by bringing it to any of our four health centers (**addresses listed below**), or by mailing it to: MCHC Risk Management, 333 Laws Avenue, Ukiah, CA 95482.

If an MCHC staff member helped you fill out this form, please provide his or her name: _____

For internal use only

Follow-up: _____

MCHC staff: Please treat this form with the highest confidentiality.
Send it immediately to MCHC's Risk Management Department.

HILLSIDE HEALTH CENTER
333 Laws Ave., Ukiah
(707) 468-1010
hillsidehealthcenter.org

DORA STREET HEALTH CENTER
1165 S. Dora St., Ste. A-1 & B-1, Ukiah
(707) 468-1015
dorastreethealthcenter.org

LAKEVIEW HEALTH CENTER
5335 Lakeshore Blvd., Lakeport
(707) 263-7725
lakeviewhealthcenter.org

LITTLE LAKE HEALTH CENTER
45 Hazel St., Willits
(707) 456-9600
littlelakehealthcenter.org

MCHC Health Centers is dedicated to providing the highest quality healthcare to everyone in our communities. MCHC is an equal opportunity provider and employer.