



**Problem?
Complaint?
Suggestion?**

Let us hear from you!

Today's date _____

(Optional information)

Your Name: _____

Telephone: _____

Address: _____

Confidentiality is respected when requested.

May we contact you? Yes No

Preferred method:

phone _____

e-mail _____

other _____

Please know that everyone at The Regional Cancer Center wants your experience here to be positive and helpful.

When we don't live up to your expectations, we can only change if you tell us about what we can do to improve.

Know that your complaint or suggestions will be reviewed and acted on appropriately.

THANK YOU.

Nature of Complaint, Incident or Suggestion:

Please be as detailed as possible, providing all significant information, including the date, location, identity of anyone involved, if known.

Where to send.

Please place this completed form in one of our suggestion boxes. (Located in the waiting rooms and resource library/café area.) Mark CONFIDENTIAL - DO NOT OPEN on the reverse side once you fold and staple it closed.

Or mail it to:
The Regional Cancer Center
Attn: Suggestion Form Review
2500 West 12th Street
Erie, PA 16505

If you prefer to speak with someone personally, you may contact us at this number: (814) 838-0474.

Thank you!