



FEEDBACK FORM

Your feedback is important. Your comments help us improve the quality and safety of laboratory services.

Response	<input type="checkbox"/> Please contact me to review my comments.* <input type="checkbox"/> Comment only – no response required
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*We will respond within 3 business days of receipt of your compliment, suggestion, or concern.

Date of visit:		Time of visit:	
Location:		Type of Feedback:	<input type="checkbox"/> Concern <input type="checkbox"/> Suggestion <input type="checkbox"/> Compliment

Your Information

First and Last Name:			
Telephone Number:			
E-mail Address:			
I am a	<input type="checkbox"/> Patient/client <input type="checkbox"/> Family member of a patient/client <input type="checkbox"/> Friend of a patient/client	<input type="checkbox"/> Healthcare professional <input type="checkbox"/> Visitor/member of the public	

Description of the compliment, suggestion, or concern:

Please leave at site of service or mail completed form to:
Feedback
 Calgary Laboratory Services
 9 – 3535 Research Road NW
 Calgary, Alberta
 T2L 2K8

FOR CLS USE ONLY
Classification:
Date Received:
Date of Response*:
Patient Concerns Lead:
File No: