



Eskane kòd pou  
fòm sou enténèt

Dat Jodi a: \_\_\_\_\_

Mwen se yon Kliyan \_\_\_\_\_ Fanmi/Zanmi yon kliyan \_\_\_\_\_ Manm Anplwaye yo \_\_\_\_\_ Lòt: \_\_\_\_\_

Zòn de Sèvis (Klinik/Depatman): \_\_\_\_\_

Tanpri ba nou sijesyon ou, konpliman, oswa plent ou a:

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Ki jan ou ta rekòmande pou nou reponn?

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Èske gen yon manm pèsònèl espesifik ki te ede ou?

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Depatman Sante Florida pran fidbak ou oserye. Objektif nou se bay ou bon jan sèvis kliyan. Nou revize tout konpliman ak plent ou yo. Si ou ta renmen yo kontakte w pou diskite sou fidbak ou tanpri ba nou enfòmasyon kontak ou anba a.

Non: \_\_\_\_\_ Telefòn/Imel: \_\_\_\_\_

**voje pa lapòs:** 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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