



Share With Us

At CHI Lisbon Hospital, we are always striving to provide the safest and most caring environment. We are asking and encouraging you to share with us your experience at CHI Lisbon Hospital. In completing this form, we want to thank you for sharing your thoughts.

Today's Date is: _____

I am a: *Patient* *Visitor* *Patient Advocate*

I have a: compliment patient safety concern
 quality care concern corporate compliance concern
 environmental concern other _____

My comment is: _____

Signature: _____ Date: _____

For a personal reply to your comment, fill out the following:

Name: _____

Address: _____

Telephone #: _____

A Drop Box is available in the Front Lobby for your convenience.
This form is also available on our website at www.lisbonhospital.com.

If mailing, send to:

Privacy Official, CHI Lisbon Hospital, 905 Main Street, Lisbon, ND 58054

