

Quality of Care Patient Feedback Form

Sansum Clinic is dedicated to providing high quality patient care, and we would like to know how we're doing. We invite you to share your compliments and concerns with us. Sansum Clinic uses this information to improve the services and care that we provide our patients.

Date of Visit:	Department or Location of Encounter:	
Compliment or Comme		
Please provide us with t	e following information so that we may contact you, if appropriate. Thank y	ou.
Patient's Name:	Date of Birth:	
Address:		
City:	State: Zip:	
Phone:	Email:	

Please mail to our Quality Management Department at: P.O. Box 6366, Santa Barbara, CA 93160-9910