

Thank you so much for taking the time to reach out with any reports, complaints and/or questions regarding your experience(s) at Gibson Area Hospital & Health Services. We greatly appreciate your feedback and will happily assist with any reports, complaints and/or questions you have.

You may return this form to the following:

- In-person:
 - \odot GAH Front Desk Main Campus
 - \odot Front Desk Local Clinic
- E-mail:
 - jessica_delost@gibsonhospital.org

GAHHS Compliance: Reports, Complaints & Questions

| Optional Information: | | | |
|---|--------------------|------------|-------------------------|
| Name (first and last): | | Date: | Employee: Yes or No |
| Address: | | | |
| | | | |
| City: | State: | Zip Code | 2: |
| Email Address: | Primary Telephone: | Seconda | ary Telephone: |
| Best time(s) to contact you (please check all t | that apply): | | |
| O Morning | Afternoon | 0 | Evening |
| Non-Compliant Activity I | nformation: | | |
| Allegation/Complaint/Question: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Background Information/Details: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Related Compliance Policy/Procedure (if know | | | |
| Related compliance Policy/Frocedure (in Kilo | wn). | | |
| | | | |
| Resolution: | Investigative Repo | ort#: Cori | rective Actions Form #: |
| | | | |
| | | | |
| | | | |
| Reviewed By: | | | |
| Name: | Signatu | ure: | |