Seneca Nation Health Department

Patient Comment Form

Please fill out this form if you use SNHD services and you wish to make comments known to Health Department Administration. This form can be dropped in the locked comment boxes located in the lobbies of the Health Centers. If you wish to mail the form, please send it to: SNHD, Attention: Tribal Health Director, P.O. Box 500, Salamanca, NY 14779.

This Comment is: ☐ Compliment ☐ Complaint ☐ Suggestion

Please state your concerns as specifically as possible, including dates and staff involved (if appropriate):

Please state the action you wish to have taken on your concerns:

I understand that it may be necessary for SNHD Administration staff to discuss this matter with other appropriate staff members in order that the proper action may be taken in regard to my concerns.

Signature: Date:

SNHD 11/08