SAMUEL SIMMONDS MEMORIAL HOSPITAL
Managed by the Arctic Slope Native Association

Feedback Form

Feedback Type

- ☐ Compliment
- ☐ Suggestion
- ☐ Complaint

Contact Information

The Quality department may contact you regarding your feedback and the below information is greatly appreciated.

Name: _____

Address: _____

Date of Birth: _____

Chart # *(if known)*: _____

Contact Number: _____

Comments:

Would you like to receive a call in relation to your comments?

☐ Yes ☐ No

Please return this form to Registration, the Quality Department, or mail to:

Samuel Simmonds Memorial Hospital
Quality Department
PO Box 29
Utqiagvik, AK
99723

Or contact the Quality Department at: (907) 852-9155
quality@arcticslope.org

Disclaimer: Samuel Simmonds Memorial Hospital provides patient-centered care and encourages reporting of safety issues, complaints, comments, suggestions, and compliments. Reporting helps SSMH identify, review and resolve problems. SSMH will not retaliate or refuse service to those who report their concerns. We thank you for your time and input into the matter.