GRANT REGIONAL HEALTH CENTER
507 South Monroe Street, Lancaster, WI 53813
608-723-2143

CONCERNS and SUGGESTIONS

Patients, staff members, visitors, and anyone else who has a concern or suggestion should complete this form and return it Grant Regional Health Center (GRHC). You may return it via:

- E-mail to Quality Office quality@grantregional.com
- In person (deposit in suggestion box at entrances to the hospital)
- US mail to GRHC, Attention: Quality Improvement Department, 507 S. Monroe St, Lancaster, WI 53813

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Provide detailed explanation of your experience, observation, concern, and/or suggestion.

Signature: _____ Date: _____

****This form is confidential and not to be part of the medical record****