Quality Assurance Form

Please use this form to offer any suggestions, comments or concerns regarding services, staff and programming.

- Completed forms can be mailed, faxed or emailed to the Bath Business Office. See above.

Today’s Date: ____________

To help us direct your feedback appropriately, please check the box that best describes your role.

Employee ☐ Family ☐ Individual ☐

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OPTIONAL: Please fill out below ONLY if you wish to identify yourself

Signature: ____________________________ County: ____________________________

Print Name: ____________________________ Group: ____________________________

Would you like to be contacted regarding this issue? If YES please include your phone # ___________

******************************************************************************* Bath Office Use Only ******************************************************************************

Received Date: ____________ Method of delivery: ☐ Phone ☐ In person ☐ Mail ☐ Email ☐ Fax

Survey ID # _________________

Form 2085

July 2020