

## $\odot$ VGMHC Because We Care Form $\odot$

This form may be completed by anyone for issues regarding quality of care or service or clinical documentation issue. This form may be submitted to any VGMHC employee or may be mailed to: Quality Assurance Manager P.O. Box 568 Cornelius, OR 97113

## Disclaimer:

Please be aware that there is some risk in sending the Because We Care form electronically. The content of this form could be read by a third party outside of Virginia Garcia Memorial Health Center (VGMHC). If you understand that your private information could be compromised and would still like to send the form electronically, please indicate below. If you do not wish to take the risk, please complete paper form and mail it to VGMHC at the address listed on the form or contact the Quality Assurance Manager at 503-352-8561 and submit your feedback verbally.

I have read and understand the risks of submitting this form electronically



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Please Check Site:					
Beaverton Cornelius Hillsboro McMinnville Newberg Mobile Van	SBHC:			_	
	Other:			-	
Please Check Departme	at:				
Medical	Dental	Pharmacy	Vision	OB	
Other:					
<b>Complaint:</b> expression of to wait an hour for his/her a	vorry about safety or qu f dissatisfaction with sat ppointment) al statement of serious o	ality of care, servic fety or quality of ca	es, or processes (ex: tripping re, services, or processes (ex: a violation of rights or care tha	a patient having	
Date of Occurrence:		Date of Repo	ort:	_	
List full names of individu	als directly involved:				
Patient Name(s)	DOB	Employee Nam	e(s)		
Please share your experien	ce.				
Name of person completing this form: Phone Number: Email:			Date:		
Best time to be reached (I					
Mornings (9am-Noon)	Afternoons (No		Evenings (5pm-9pm)	Weekends	