



Because We Care Form

This form is used to provide feedback about the services provided by VGMHC.

Type of Service:

- Dental
- Medical
- Pharmacy
- Wellness Center
- Admin
- Mental Health
- Outreach
- Call Center
- Other:

Location of Service:

- Beaverton
- Cornelius
- Hillsboro
- McMinnville
- Newberg
- Willamina
- Hillsboro Lifeworks
- Beaverton Lifeworks
- Evans Street
- Women's Clinic
- Beaverton SBHC
- Century SBHC
- Tigard SBHC
- Tualatin SBHC
- Forest Grove SBHC
- Mobile Medical Van
- The Round
- Other:

Name of person involved in event: _____ Date of Birth or MRN: _____

Name of person completing this form (if different than above): _____

Date of event: _____ Time of event: _____

What happened? (use back of form if necessary):

What would you like to see happen?

Who was Involved (list staff or other visitors)? _____

If you want someone to contact you, best way to contact you: _____

Best time to be reached: Morning (9-12) Afternoon (12-5) Evening (5-9)

This Section To Be Completed By Staff

Received by: _____ Reviewed by: _____
Print name of staff receiving form Date Print name of supervisor reviewing form Date

ACTIONS TAKEN: (Include details regarding communication with patient, staff, and supervisor):

Staff: Please submit BWC forms to your supervisor or manager by end of your shift.

Entered in portal by: _____ Date entered: _____

Is additional action needed by another individual or department? If yes, what: _____

No further action needed, incident may be closed upon entry.

STAFF - PLEASE UPLOAD FORM IN INCIDENT PORTAL. DO NOT E-MAIL OR SEND TO ADMIN.