



## GUEST RELATIONS CONCERN FORM

We apologize that your experience with us was not what you anticipated. Please help us improve our service by answering the following:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Do you wish to be contacted:  yes  no

\_\_\_\_\_

Best time to contact you: \_\_\_\_\_

\_\_\_\_\_

Date of Service: \_\_\_\_\_

Please describe concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send to: Berry Jett, Risk Director

777 Avenue H, Powell, WY 82435

Telephone: 307-754-7792

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*Services of Powell Valley Healthcare*

*Powell Valley Hospital ~ Powell Valley Care Center ~ The Heartland Assisted Living ~ Powell Valley Clinic*  
777 Avenue H ~ Powell, WY 82435 ~ 307-754-2267 ~ 1-800-428-1398 ~ Fax: 307-754-3176 ~ [www.pvhc.org](http://www.pvhc.org)