

Your Opinion Counts

Thank you for choosing Decatur Memorial Hospital. As a valued customer, we want to know what you think of the care you received. You may give your completed form to any hospital staff member, leave it in your room at discharge or mail it back to us at Decatur Memorial Hospital, 2300 N. Edward St., Decatur, Illinois, 62526, Attn: Customer Services Director.

Indicate in this space those things that you found to be exceptional about your care. Our goal is to make each of your visits exceptional and knowing what works will help us succeed.

Indicate here any questions or concerns you have. Give a detailed description including specific names, dates, places or other details that will help us address your concern. Also describe the outcome you would like to see. If you need more room, attach an additional page or turn this over.

Your Name: _____ Today's Date: _____

Address: _____

Telephone: _____

Department where you received service: _____

If you prefer to speak with someone directly, tell your caregiver or ask to speak with the department director. You may also ask to speak with the hospital's Customer Service Director at 217-876-2007. You can fax your comments to 217-876-2928.

