

**Paiute Indian Tribe of Utah
Consumer Suggestion & Concern Form**

As a part of the Paiute Indian Tribe of Utah's Tribal Council's policy to solicit consumer feedback on services and programs provided by the PITU Health Department, patients and clients are encouraged to use this form to provide constructive suggestions and/or describe your concerns to the Health Department. The Tribal Council appreciates your assistance in our on-going efforts to enhance the quality of care we provide to our communities.

Date of Service: _____ Clinic/Community: _____

Patient/Client Name: _____

(Name will be kept confidential)

Name of Consumer (If different than Patient/Client above): _____

Contact Address & Phone Number for Follow-up: _____

Primary Suggestion or Concern:

(Please describe in detail w/ names & dates. Use back if necessary)

Note: Written Consumer Relations will be responded to if a contact name and address is provided. Anonymous suggestions will be reviewed at the discretion of the Health Director. Anonymous concerns will not be addressed. Concerns regarding PITU Health Department Personnel will be handled in accordance with PITU Personnel Policies and Procedures by Administration.

Please Send to:

PITU Tribal Council c/o Health Director
440 North Paiute Drive
Cedar City, UT 84721
Fax: (435) 586-7388