Date: _____

Dear Customer Service Officer,

I would like to tell you about _____

(Please use back of page for additional comments.)

Please check all that apply:

☐ Compliment ☐ Suggestion ☐ Concern

☐ VOLUNTEER ☐ PATIENT ☐ VISITOR ☐ STAFF

Do we have your permission to print your compliments in The Journal? ☐ YES ☐ NO

(optional)

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

Comments can be mailed to:
National Naval Medical Center, Code 420B, Customer Advocacy Office, 8901 Wisconsin Avenue, Bethesda, MD 20889-5600