

Cornwall Campus  
19 Laurel Avenue  
Cornwall, NY 12518  
(845) 534-7711

Newburgh Campus  
70 Dubois Street  
Newburgh, NY 12550  
(845) 561-4400

## PATIENT/VISITOR COMPLIMENT FORM

Date \_\_\_\_\_

Time \_\_\_\_\_

Print Name of Patient or Visitor with Compliment

\_\_\_\_\_

Patient/Visitor Address

(\_\_\_\_) \_\_\_\_\_

Telephone Number

Please describe the compliment and include any pertinent information  
(names, titles, department, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please attach additional pages as needed).*

Patient/Visitor Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

*If this form was written on behalf of the patient/visitor please sign below:*

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

The completed form will be forwarded to Patient Relations. Patient Relations can be reached at (845) 568-2300. A copy of the compliment will be sent to the management/staff/departments mentioned. Thank you.

**NOT A PERMANENT PART OF THE PATIENT CHART**