

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.