

Online Customer Feedback Form User Guide

1. Access the Employee Resources web page. There is a shortcut located on the THA Desktop. Or, go to www.thagroup.org/employee-resources. If you are prompted to enter a password to access the site, use **thagrouP** (use a zero and not the letter "o").
2. Click on Customer Feedback Form in the Electronic Forms section.
3. Fill in the form sections. Be as detailed as possible. A red asterisk indicates a required field.
 - a. Feedback Received By = your name
 - b. Email = your THA Group email address
 - c. Service Line = select service line
 - d. Community Office = select the community office to which the patient is assigned. If the feedback does not concern a patient, use the community office at which the feedback was received. If Perry Street is selected, an additional dropdown menu will appear asking you to identify a particular department at the Perry Street office:

Service Line * Community Office *
 [Dropdown] Perry Street
Patient's/client's community office

Perry Street Department
 [Dropdown]
 Administration
 Facilities
 Finance
 Information Systems
 Performance Excellence
 Talent Management

- e. Does this involve a patient? If **Yes** is checked, additional sections for patient information will appear:

Patient/Client Information
 Does this involve a patient? *
 Yes No

Patient/Client Name * Patient Phone Number
 [First] [Last] [###] - [###] - [####]

Patient Address
 Street Address
 Address Line 2
 City State / Province / Region
 Postal / Zip Code [Dropdown]
 Country

CUSTOMER FEEDBACK FORM

POLICY: A patient, family member or legal representative, or any other external customer may report feedback at any time during or after services are provided by any THA Group, Inc. provider. Any feedback may be reported without compromise to the customer's future access to services.

The company encourages reporting of any concern, complaint, or general feedback in order to continuously improve the quality of care and services – no matter how insignificant the comment may seem. Reporting is not viewed in a punitive manner and is strictly confidential.

[View the full Customer Feedback Policy.](#)

Feedback Received By * Email *
 [First] [Last] [Text Box]

Service Line * Community Office *
 [Dropdown] [Dropdown]
Patient's/client's community office

Patient/Client Information
 Does this involve a patient? *
 Yes No

Feedback Information
 Date Feedback Reported * Time Feedback Reported *
 [MM] / [DD] / [YYYY] [HH] : [MM] : [SS] [AM/PM]

Feedback Reported By *
 Patient
 Caregiver
 Family Member
 Physician
 Referral Source
 Other External Customer

Reporter's Phone Number * Reporter's Email
 [###] - [###] - [###] [Text Box]

Feedback Category * Feedback Classification: *
 Compliment/Praise
 Financial issue
 Property damage/loss
 Timeliness
 HIPAA issue
 Issue with employee
 Issue with services provided
 Unmet needs
 Other (please describe below):
 [Text Box]

Positive – compliments are good
 Minor – resolved in the field
 Major – requires more attention
 Critical – requires immediate attention

Description of Feedback *
 [Text Box]

Attach Additional Information
 No file chosen
 No file chosen
 No file chosen

Immediate Actions Taken *
 [Text Box]

- f. Date Feedback Reported = the date you received the customer's feedback
- g. Time Feedback Reported = the time you received the customer's feedback. SS = seconds, which do not need to be exact.
- h. Feedback Reported By
If a customer other than the patient reported the feedback, an additional section for the reporter's name will appear:

The image displays five screenshots of the 'Feedback Reported By' form. Each screenshot shows a list of radio button options: Patient, Caregiver, Family Member, Physician, Referral Source, and Other External Customer. The selected option in each screenshot is highlighted with a red box. Below the selected option, there are input fields for the reporter's name (First and Last) and a 'Reporter's Phone Number' field. The fifth screenshot shows the 'Other External Customer' option selected, with additional fields for 'External Customer', 'Name of External Customer Representative', and 'Reporter's Phone Number'.

- i. Reporter's Phone Number = phone number for customer who reported the feedback
 - j. Reporter's Email = email for customer who reported the feedback
 - k. Feedback Category = select all that apply
 - l. Feedback Classification
 - i. Positive = select ONLY if the Feedback Category is Compliment/Praise
 - ii. Minor = select if the feedback is related to an issue that can be resolved in the field
 - iii. Major = select if the feedback requires the attention of a supervisor or other senior management
 - iv. Critical = select if the feedback requires immediate attention
 - m. Description of Feedback = describe in the reporter's own words, if possible. Carefully describe the events surrounding the feedback, including dates, times and names of persons involved.
 - n. Attach Additional Information = upload up to three files of supporting documentation related to this feedback
 - o. Immediate Actions Taken = be as detailed as possible.
4. After you click **Submit**, you will receive a confirmation email with a copy of your submission. Please retain this for your records.