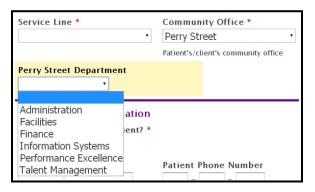
## Online Customer Feedback Form User Guide

- Access the Employee Resources web page. There is a shortcut located on the THA Desktop. Or, go to <u>www.thagroup.org/employee-resources</u>. If you are prompted to enter a password to access the site, use thagr0up (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:



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

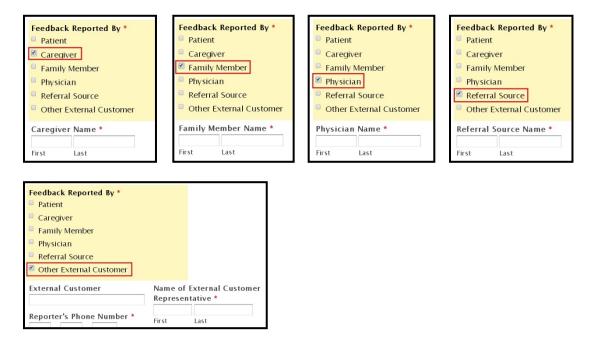
Patient/Client II Does this involve Yes No Patient/Client Na	a patient? *	Patient	Phone	Number
First Last Patient Address Street Address		###	###	-
Address Line 2			]	
City	State / Province / Region			
Postal / Zip Code	Country	•		

CUSTOMER FEEDBACK FORM				
	cess to services.			
matter how insignificant the comment i punitive manner and is strictly confider				
Feedback Received By *	Email *			
First Last Service Line *	Community Office *			
	Patient's /client's community office			
Patient/Client Information Does this involve a patient? * III Yes III No				
Feedback Information Date Feedback Reported *	Time Feedback Reported *			
Feedback Reported By * Patient Caregreer Family Member Physician Referral Source Other External Customer				
Reporter's Phone Number *	Reporter's Email			
Feedback Category *	Feedback Classification: *			
Financial issue  Property damage/loss  Timeliness  HIPAA issue Issue with employee Issue with services provided Unmet needs Other (please describe	Positive – compliments are good! Mimor – resolved in the field Major – requires more attention Critical – requires immediate attention			
below):				
Description of Feedback *				
Attach Additional Information				
Choose File No file chosen				
Choose File No file chosen Immediate Actions Taken *				

Submit

- 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:



- 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
- I. 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.