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Missoula, MT 59804
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SUGGESTIONS, COMPLIMENTS COMMENTS, CONCERNS or COMPLAINTS

Thank you for taking your time to provide your Suggestions, Compliments, Comments, Concerns and Complaints to the personnel, Administration, Medical Staff and Board of Directors of the Big Sky Surgery Center.

If you DO NOT want to be contacted by a representative of our Center to further discuss your comments, please check I do not want to be contacted.

PATIENT NAME
(Optional): _____

DATE OF SURGERY: _____

SURGEON'S NAME: _____

COMMENTS: _____

Person completing comment form (Optional):

Relationship to Patient: _____

**You may give this form to any BSSC employee
-or-
use the provided self- addressed envelope to mail the form to us.**