Virginia Garcia Memorial
HEALTH CENTER

Because We Care Form

This form is used to provide feedback about the services provided by VGMHC.

Type of Service:

❒ Dental ❒ Medical ❒ Pharmacy ❒ Wellness Center ❒ Admin
❒ Mental Health ❒ Outreach ❒ Call Center ❒ Other:

Location of Service:

❒ Beaverton ❒ Cornelius ❒ Hillsboro ❒ McMinnville ❒ Newberg
❒ Willamina ❒ Hillsboro Lifeworks ❒ Beaverton Lifeworks ❒ Evans Street ❒ Women's Clinic
❒ Beaverton SBHC ❒ Century SBHC ❒ Tigard SBHC ❒ Tualatin SBHC ❒ Forest Grove SBHC
❒ Mobile Medical Van ❒ The Round ❒ Other:

Nombre de la persona involucrada en el evento: Fecha de nacimiento o MRN:

Nombre de la persona completando este formulario (si es diferente al anterior):

Fecha del evento: Hora del evento:

¿Qué sucedió? (use el reverso del formulario si es necesario):

¿Qué le gustaria que suceda?

Quién estuvo involucrado (personal u otros visitantes):

Si desea que alguien se comunique con usted, la mejor manera de comunicarse con usted es:

El mejor momento para contactarle: ❒ Mañana (9-12) ❒ Tarde (12-5) ❒ Noche (5-9)

This Section To Be Completed By Staff

Received by: _____ _____ Reviewed by: _____ _____
Print name of staff receiving form Date Print name of supervisor reviewing form Date

ACTIONS TAKEN: (*Include details regarding communication with patient, staff, and supervisor*):

Staff: Please submit BWC forms to your supervisor or manager by end of your shift.

Entered in portal by: _____ Date entered: _____

Is additional action needed by another individual or department? If yes, what: _____

☐ No further action needed, incident may be closed upon entry.

STAFF - PLEASE UPLOAD FORM IN INCIDENT PORTAL. DO NOT E-MAIL OR SEND TO ADMIN.