



Oregon WIC Program  
 800 NE Oregon Street, Suite 865  
 Portland, OR 97232  
 Voice: 971-673-0040  
 FAX: 971-673-0071  
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**申訴表**

本表供客戶或員工使用——我們將對您的問題保密

客戶姓名：\_\_\_\_\_ ID 號碼（若適用）：\_\_\_\_\_

客戶地址：\_\_\_\_\_

門牌號                  街道                                  城市                                  郵遞區號

客戶電話：住宅電話：(\_\_\_\_)\_\_\_\_\_ 其他電話：(\_\_\_\_)\_\_\_\_\_

請告知我們問題詳情及您希望的解決辦法。  
 如需要，請使用背面。感謝您提供此資訊。

申訴日期：\_\_\_\_\_ 客戶填寫 \_\_\_\_\_ 員工填寫

簽名：\_\_\_\_\_

**此部分由管理人員/主管審查及填寫**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Resolution:

Date customer notified: \_\_\_\_\_ of resolution, via: \_\_\_ phone \_\_\_ mail \_\_\_ email \_\_\_ other \_\_\_\_\_

Check program involved: \_\_\_ STD/HIV/Hep C \_\_\_ TB \_\_\_ ECS \_\_\_ Immunizations \_\_\_ WIC

**員工專用：**

**Type of Complaint:** \_\_\_ Access to services \_\_\_ Quality of care \_\_\_ Billing issue \_\_\_ Staff issue

\_\_\_ Delay/wait time \_\_\_ Communications \_\_\_ Appropriateness of care

申訴詳情，續：

**MANAGER/SUPERVISOR REVIEW**, continued: