COMPLIMENT FORM

Your Name:_____ Phone Number: _____ Room #:_____

Are you a: ☐ Resident ☐ Family Member ☐ Employee ☐ Other: _____

Please enter your compliment here (Attach separate sheet if necessary):

_____
_____
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_____

Can we share you compliment? ☐ Yes ☐ No

If yes, please check with what medium we can use to share your compliment ☐ Website ☐ Newsletter ☐ Staff Email Group