COMPLIMENT FORM

SalusCare's mission is to provide exceptional and compassionate behavioral healthcare.

Please use this form to pay compliments to any SalusCare staff member. Your feedback is very important!

Your name:	Today's Date:
Your address:	
Your phone number:	Your e-mail address:

I WOULD LIKE TO COMPLIMENT THE FOLLOWING SALUSCARE EMPLOYEE:
Employee Name:
I am complimenting this employee because:

(Please continue on the back of this form if necessary)

FOR SALUSCARE STAFF USE ONLY:

Employee Name: _____ Employee ID: _____

Supervisor's Signature: _____ Date: _____

SUPERVISORS: Please send to Human Resources after signing

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