GMA
Glenwood Medical Associates

Rural Health Center, New Castle

We're Here to Listen
Your GMA provider and care team are your partners in health, and that includes listening when something doesn't feel right. At GMA, your experience matters to us. We are committed to providing thoughtful, high-quality care, and your feedback helps us better understand your experience and continue improving the care we provide.

Please use this form to share your concern or feedback so we can better support you and continue improving the care we provide.

Patient Information

- **Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Method of Contact:** ☐ Phone ☐ Email ☐ Mail

About Your Experience

- **Date of visit or concern:** _____
- **New Castle location (Department) (if applicable):** _____
- **Team members involved (if known):** _____

Please tell us about your experience:

How Can We Help?

What would you like us to do to help resolve this?

Staying in Touch
We may need to follow up to better understand your experience.
☐ **Yes, you may contact me** ☐ **No, I prefer not to be contacted**

Submission
You may submit this form via email at patient-relations@glenwoodmedical.com, in person, or by mail to GMA New Castle Rural Health Center.

If We're Unable to Resolve Your Concern
If your concern is not resolved through GMA, you also have the option to contact our accrediting organization, The Compliance Team, Inc.**:** www.thecomplianceteam.org 1-888-291-5353