

## SHARE YOUR STORY

What would you like to share with us?

- Testimonial       Suggestion       Compliment       Complaint

First Name

Last Name

Location

Comments:

Would you like us to contact you regarding your experience?       YES       NO

How can we reach you?       Email

Phone

If this is a testimonial, may we share it on social media?       YES       NO

## QUALITY IMPROVEMENT

There are several ways to report a concern about patient safety and quality of care with Lompoc Valley Medical Center:

Mail  
P.O. Box 1058  
Lompoc, CA 93438

Phone  
(805) 737-3300 ext. 5358  
(805) 737-3300 ext. 3358