

Feedback Request for Quality Assurance

Date: [Insert Date]

To: [Recipient's Name]

Department: [Department Name]

Organization: [Organization Name]

Dear [Recipient's Name],

As part of our ongoing commitment to enhance the quality of care provided at [Organization Name], we are seeking your invaluable feedback regarding our services and practices.

We would appreciate it if you could take a few moments to respond to the following questions:

1. How would you rate the overall quality of care you received?
2. Were our staff members courteous and professional?
3. What aspects of our service do you believe could be improved?
4. Any additional comments or suggestions?

Your input is crucial in helping us identify areas for improvement and continue to provide a high standard of patient care. Please reply to this email or complete the attached feedback form and return it to us by [Insert Deadline].

Thank you for your time and support.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Organization Name]