



Do you have concerns?

We strive to deliver excellent and compassionate healthcare. Sometimes you may feel that your experience at Westfield Family Physicians didn't meet your expectations and that you are frustrated.

We can't make improvements in what we don't know or isn't working in the relationship. We appreciate hearing from you.

Today's date _____

Your name _____

Phone number _____

Date of appointment or other relevant date for your concern _____

Please explain your experience and the source of your concern:

Return in person: 138 E Main Street, Westfield, NY 14787

Return by mail: PO Box 10, Westfield, NY 14787

Return by fax: 716-326-4914

Resolution (Office use only):
