

Your Nomination Makes a Difference

In order to process this nomination all the following information is required.

I WISH TO NOMINATE FOR GOLD STAR RECOGNITION the following person or group

Name of Person or Group You Are Recognizing _____

EMPLOYEE'S DEPARTMENT/NURSES' STATION _____

DATE OF NOMINATION _____

Location of event:

Willis-Knighton Medical Center

Willis-Knighton South

WK Bossier Health Center

WK Pierremont Health Center

Clinic/Office: (specify) _____

REASON FOR NOMINATION (How did the employee or group provide Gold Star Service?)

Please tell us about a specific incident or activity)

When You Received or Observed This Service You Were A:

Patient

Family Member

Visitor

Physician

Employee

Your Signature _____

May we use your name when reporting this nomination? Yes No

Your Name (Print) _____

*Your Address: _____

City _____ State _____ Zip _____

*Your address is requested to acknowledge that you have submitted a nomination.