

ST. LUKE HEALTH SERVICES
The Applause Pause Program

As part of our effort to recognize St. Luke's employees for all that they do, we are asking you to describe below some outstanding customer service you have observed or received personally from our staff. We encourage employees, residents, family members and visitors to complete this form. Your comments will be shared with the employee being recognized and his/her supervisor. Providing your name would be appreciated but not required.

Please deposit completed forms in the wooden box located in the switchboard area.

Employee being recognized: _____

Department: _____

Date outstanding customer service observed: _____

Description of Service Provided:

Signature (Optional)

Applause Pause ADM
6/22/16

FORM #ADM-18

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