



If a Staff Member or Red Cross Volunteer at Womack Army Medical Center has gone the **EXTRA MILE** for you, and you would like to say “Thank You”, please fill out this form. Please fill out the form completely to ensure the person you are complimenting receives recognition.

DATE: \_\_\_\_\_

\_\_\_\_\_ has gone the **EXTRA MILE**  
(Rank, First & Last Name)

DEPARTMENT/WARD \_\_\_\_\_

PLEASE CIRCLE ONE: OFFICER                      ENLISTSED                      CIVILIAN

PLEASE CIRCLE ONE: DIRECT PATIENT CARE    Doctor    –    Physician Assistant    –    Nurse    –    Medic  
Other \_\_\_\_\_

PLEASE CIRCLE ONE: PATIENT CARE SUPPORT    Appointment Clerk - Medical Clerk - Administrative Personnel –  
Pharmacy - Records - Other \_\_\_\_\_

Please write a detailed description of how the staff member went the **EXTRA MILE** for you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PLEASE PROVIDE YOUR PHONE NUMBER: \_\_\_\_\_

Please leave this form in a box marked “Bragg’n Button Box.” These boxes are located throughout the medical center. **Thank you!**