

## FEEDBACK FORM

We value your feedback as it helps us to improve services for our patients.

We are happy to receive compliments, comments or complaints.

All feedback enables the practice to address any concerns and make improvements. Compliments are passed onto the relevant staff.

If you would like a formal response, please provide contact details and indicate your preferred method of communication.

### Patient Details (Optional)

<b>Date</b>			
<b>Name</b>			
<b>Date of birth</b>			
<b>Contact Details</b>	Contact Number		
	Address		
	Email		
<b>Preferred method of communication</b>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>	Email <input type="checkbox"/>
<b>Staff member taking complaint (if applicable)</b>			

### Comments/Concerns:

Once completed please hand in at either reception, it will then be scanned in and sent to the Feedback Team, who will be in touch if necessary, within 3 working days