COMMENT FORM

A direct route for you to comment on any aspect of the surgery

Whether it's a complaint, an idea or suggestion or an expression of praise or thanks, the issue will be dealt with in as short time as possible and by the appropriate person.

Please give us as much information as possible so that we can provide you with a reply and hand it to a member of the Reception team.

Full name ……

Home address: ……..

……..

Telephone number (we may need to contact you) …….

Please tick one of the boxes below

COMPLAINT	IDEA / SUGGESTION	EXPRESSION / PRAISE / THANKS
☐	☐	☐

Describe briefly the issue you wish to raise…

Date form completed ……. / ……. / …….

STAFF ONLY

Forwarded to staff member : …… Response Date ……. / ……. / …….