

Compliments, Comments and Complaints Form

Private & Confidential

PATIENT NAME		DATE	
HOME ADDRESS & POST CODE		Daytime Tel	
		Home Tel	
		Mobile Tel	
		Email Address	

I would like to make a	<input type="checkbox"/> Compliment <input type="checkbox"/> Comment <input type="checkbox"/> Complaint			
Regarding	<input type="checkbox"/> Our Service <input type="checkbox"/> Our Fees and Charges <input type="checkbox"/> Staff <input type="checkbox"/> GP <input type="checkbox"/> Other			
Please give Details of your Comment or Complaint here. (Continue on a separate sheet, if necessary)				
Appointment Details	Date & Time:	GP Seen:		

Signed:	
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Please return this form to the Practice Manager, Route du Fort Surgery, The Lido Medical Centre, Suite 2.2, St Saviours Road, St Saviour, JE2 7LA.