feedback form



*Your feedback is important as it helps us to see how we are doing, implement any changes needed and improve our services. If you have any feedback you would like to share with us please complete this form and hand it back to reception or send it back to us later (details below)*

*If you do not want to share your name or contact details, that’s OK too*

*Please* ***DO NOT*** *use this form if you want to make a complaint – please ask the reception team for a complaint form and a copy of the complaints process instead*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Site / name of Practice** |  |
| **Person providing the feedback** | **Name** |  | |
| **Address** |  | |
| **Tel. number** |  | |
| **Email:** |  | |
| **Would you like us to contact you about your feedback?**  **If yes, what is your preferred way of contacting you?** | | **YES** **NO**  Telephone  Email  Letter | |
| **Is your feedback a** | **Compliment** |  | |
| **Comment** |  | |
| **Concern** |  | |

*If you wish to return your feedback later:*

**Return your feedback to:**

or:

**The Business / Operations / Practice Manager**

**Address: Email:**

**Telephone:**

***If you wish, you can also provide your feedback online at*** [**https://onemedicalgroup.co.uk/patients**](https://onemedicalgroup.co.uk/patients) ***by* *choosing our site, clicking on the “Your feedback” button on our page and completing the form there.***

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| --- | --- |
| **Feedback** | *Please write the details of your feedback here:* |

***Thank you for taking the time to share your feedback with us***