

PATIENT FEEDBACK AND COMPLAINTS FORM

Please note that we can only investigate issues with patient consent. If you are completing this form on behalf of an adult, we require their consent to proceed.

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|------------------------|
| <b>Patient Details</b> |
| Name:                  |
| DOB:                   |
| Address:               |

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| <b>Summary of Feedback/Complaint</b>                                                                                                                    |
| Please describe in one or two sentences the issues that have led to this complaint. This will help us understand the key problems you have experienced. |
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| <b>Have you experienced this issue before?</b>                                                                               |
| This may include at this surgery or at a previous healthcare provider. Please provide details if it was previously resolved. |
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| <b>Please can you describe how this issue may have occurred</b>                                                                                                                                                                    |
| For example, problems can arise due to conflicting messages, personality conflicts, or where we were unable to meet your expectations. Understanding this aspect helps us to explore the full circumstances surrounding the issue. |
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| <b>Please describe any specific outcomes from this feedback?</b>                                                                                                                                                                                                                                                      |
| Understanding our patient’s needs is important to us so that we can explore and address issues fully. Common outcomes that patients value include improving our service through training, saying sorry when we have made a mistake, addressing a communication issue or exploring the issues with you in more detail. |
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**Next steps and what you can expect from us**

We would like to review this feedback as part of our ongoing commitment to improving our services where possible and reaching a positive outcome for both you and the practice, ensuring that our systems are as effective as we can make them.

Would you like us to review this feedback going forward as part of our learning?    YES.    NO.    (please delete as appropriate)

Please sign to indicate your consent (signature and printed name):\_\_\_\_\_

If you are completing this for somebody else, please write your name:\_\_\_\_\_