

ABBEY ROAD MEDICAL PRACTICE

Making a Complaint

Patient Name:.....D.O.B:.....

Address:.....

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.....Tel: No:.....

If you are complaining on behalf of someone else:

Your Name:

Your Address:

.....

.....

.....Tel: No:.....

If you are complaining on behalf of someone else, please ask the patient to complete the section below, giving their consent for you to act on their behalf:

Iconfirm that I wishto act on behalf.

SignatureDate

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Please give the details of the complaint in the space below. Continue on a separate sheet if necessary.

1. Incident Date:

2. Details of your complaint:

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If you are pleased with the service:

It is helpful for us to get feedback. If something is not working, we can try to put it right.

If something is working well, and you are happy with some part of our service, it is helpful for us to know about it. We need encouragement as well!

What part of the service are you happy with?

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Thank you

Signature: Date: