|  |  |
| --- | --- |
|  |  |

**Complaints and Suggestion Form** Email: [**NEWCCG.royaldockspractice@nhs.net**](mailto:NEWCCG.royaldockspractice@nhs.net)

Please return by email, post or by hand.

If you would like us to respond to your complaint or suggestion please include your contact details at the end of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | When did the issue you wish to make a complaint or suggestion about happen? | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | Date |  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Service Area relating to | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | Appointments | |  | | | Communications | | | | |  | | | Medical Care | | | |  | | Other | | |
|  |  | Staff | |  | | | Website | | | | |  | | | Premises | | | |  | |  | | |
|  |  |  | |  | | |  | | | | |  | | |  | | | |  | | | | |
|  | Please indicate if this is a Suggestion or Complaint | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Suggestion | | | | | | | | | | |  | | | Complaint | | | | | | | |
|  | What Happened? Please tell us what happened in as much detail as possible including times and people involved | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | How should we improve things? Please let us know what outcome you are expecting? | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: | |  | |  | | | |  | | | | | | | |  |  | | | | | |
|  |  | | Title | |  | | | | First Name | | | | | | | |  | Surname | | | | | |
|  | Date of Birth: | |  | | |  | |  | |  |  | | | |  | | | | | | | | |
|  |  | | DD | | |  | | MM | |  | YY | | | |  | | | | | | | | |  |
|  | Email | | | |  | | | | | | | | | | | | | | | | |  | |
|  | Telephone | | | |  | | | | | | | | | | | | | | | | |  | |
|  | Address | | | |  | | | | | | | | | | | | | | | | | |  |
| Signature | | | | |  | | | | | | | | | Date of Signature | | | | | |  | |  | |