



Please tell us (in your own words) why you think these events occurred? Please continue on separate piece of paper if necessary

**Have you experienced this issue before?**

...either at this surgery or at another healthcare provider. Please provide details if it was previously resolved.

**Can you help us understand what you think should have happened?**

**Please tell us what you want to achieve from this complaint?**

Common outcomes from complaints include improving our service through training, saying sorry when we have made a mistake, addressing a communication problem or exploring the issues with you in more detail.

**Next steps and what you can expect from us**

We would like to review this information as part of our ongoing commitment to improving our services. We would hope to reach a positive outcome for you and the practice and ensure 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**  
Would you like us to arrange a face-to-face meeting with you and a GP Practice manager?  
**YES**      **NO (please circle)**

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

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

Please let us know your preference on how you would like to be contacted:

**LETTER**

**TELEPHONE CALL**

**EMAIL**