



*Working together for better health*

## DRONFIELD MEDICAL PRACTICE COMPLAINTS AND FEEDBACK FORM

Surname	First name
Address	
Postcode	
Email address	
Telephone number	Date of complaint
Preferred method of contact	
This is a complaint and I wish to receive a formal reply (tick box) <b>or</b>	
This is feedback and I am happy to leave this with the practice to resolve (tick box)	

Details of your complaint/feedback



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What outcome would you like?

**Thank you for bringing your concerns to the practice's attention. If you have ticked the complaint box you will be sent an acknowledgement of your complaint within three days. We endeavour to respond to all feedback in a timely and efficient manner.**