

NEW MILTON HEALTH CENTRE

COMPLIMENTS, COMMENTS & CONCERNS

Please provide contact details below:

Name	
Date of Birth	
Address	
Tel. No.	

Please tick the appropriate box:

Is this about:

Yourself

Another Person

Name of other person.....

Do you wish to make a:

Comment or Compliment

or raise a Concern

Please use this box to add your comments	Date:
Would you like to discuss this further with the Practice Manager?	YES/NO

Thank you for completing this form. We welcome your feedback.

The full “Complaints Procedures” is available from the receptionist. It is also available on our website www.newmiltonhealthcentre.co.uk.