



Mayford House Surgery Complaint: Information Gathering

At Mayford House, we take all feedback very seriously. We would be grateful if you could complete this form to let us know more about the difficulties you have experienced. This will allow us to fully address your concerns. Thank you for your time.

Date of Incident (if applicable)

Click or tap to enter a date.

Name and address of individual/s involved

Click or tap here to enter text.

Contact Telephone Number

Click or tap here to enter text.

Please describe in one or two sentences the issues that have led to this complaint. This will help us understand the key problems that you have experienced.

Click or tap here to enter text.

Has this problem occurred previously?

☐ Yes

☐ No

Please can you identify where the issue may have arisen? For example, did this happen as a result of conflicting messages, a personality conflict, a problem with communication within the surgery, etc.

Click or tap here to enter text.

<p>Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologising where your experience has not been as you had wished.</p>	
<p>Click or tap here to enter text.</p>	
<p>We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. Are you happy for us to review things going forward?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Details of the person completing the form</p>	
Name	Click or tap here to enter text.
Contact Telephone No	Click or tap here to enter text.
Date	Click or tap here to enter text.

Please either hand in your completed complaint form in to the surgery for the attention of the Practice Manager