

MERRYLEE MEDICAL CENTRE

Suggestion/Complaints Form

To help both yourself and the practice understand fully any issues you may have, this form may be useful for you and help the practice address your issues.

Name:

DOB:

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

2. Has this problem occurred previously?

3. 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.

4. 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.

5. 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?