

Compliments, Comments and Complaints Form

Private and Confidential

Patient Name:		Date:	
Home Address & Post-Code:		Daytime Telephone:	
		Home Telephone:	
		Mobile Telephone:	
		Email Address:	

I would like to make a	<input type="checkbox"/> Compliment <input type="checkbox"/> Comment <input type="checkbox"/> Complaint
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Regarding	<input type="checkbox"/> Our Service <input type="checkbox"/> Our Fees and Charges <input type="checkbox"/> Our Staff <input type="checkbox"/> A GP <input type="checkbox"/> Other
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<p>Please give details of your Compliment, Comment or Complaint here. (Continue on a separate sheet, if necessary)</p>	
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Appointment Details:	Date & Time:	GP Seen:
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Signed:	
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Please return this form to The Practice Manager, Health Plus Limited, Queens Road Health Centre, Queens Road, St Helier, Jersey JE2 4HY

For H+ Use Only	Received Date:	Actioned By:
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