Logo, company name

Description automatically generated

**Turnpike House Medical Centre, 37 Newtown Road, Worcester, WR5 1HG**

**Kempsey Surgery, Old Road North, Kempsey, WR5 3JZ**

**Tel: 01905 368503 Email:** [**HWCCG.Haresfield@nhs.net**](mailto:SOWOCCG.Haresfield@nhs.net)

**Patient feedback form**

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| **Patient Details** | **Date form completed:** | **Feedback Details (Main Points)** |
| **Name:** | Please include and overview of your feedback in this box.  You can provide further information to accompany this form should you require. |
| **Address:** | **Date or time period the feedback refers to:** |
| **Type of feedback:**  Compliment  Concern  Formal complaint  *Delete as appropriate*  **Preferred response method:**  No response required *(for information only)*  Email  Phone call  Letter  *Delete as appropriate* |
| **Tel/email:** |
| **DOB:** |
| **Contact Name (if different to patient):** |
| **Patient signature required:**  Surname and initials: | **On receipt of a form, the practice will investigate and review your comments, we will acknowledge your feedback within 3 working days and a full response can take up to 6 weeks to complete. Sometimes this will be longer if reasonable additional measures are required.**  **We have a zero tolerance for verbal and physical abuse towards our staff we ask that you respect this when communicating with the surgery at all times.** |
| **Contact details to use (if different to patient):** |