

Complaint Form

Please use this form if you would like to make a complaint about the practice or the service you have received. When dropping the complaint into reception, please enclose it in an envelope and address it to the Practice Manager to ensure privacy.

Your Details

Name

Date of Birth

How long have you been a patient at Felmores or Long Riding?

- One year or less
 Less than 5 years
 Over 5 years
 Over 10 years

Your Complaint

What is the nature of your comment or suggestion?

- Clinical
 Administrative
 Other

Please write you complaint below, if you need more space please continue on the other side of the sheet. Date