

Suggestions and Compliments Form

We focus on providing a high standard of care to all of our clients and we are continually striving to improve our service. We welcome any feedback you may have.

Name of person making the suggestion or compliment:							
Are you a:		Patient		Relative/Carer/Advo	cate		Visitor
Names of any staff members specifically complimented (if applicable)							
Details of suggestion or compliment							
Would you like us to contact you regarding this feedback (please tick)? Yes No If yes, how would you like to be contacted? (please provide contact details):							
Please tick here if you do not wish your free text comments to be made public (even if							
anonymous):	ı you	ii iiee text	COITIII	ments to be made pub	iic (evel	ı II	
Your opinions are very important to us. Please tick here to learn more about joining our virtual Patient Participation Group. This will enable you to help shape our services by answering a question or two sent infrequently via email. □							

Thank you for your feedback

Please return this form to us:

- By giving it to a receptionist or posting it into the anonymous feedback box at reception
- Via email to <u>info@thewalcotepractice.co.uk</u>
- By posting it to the address below:

Practice Manager
The Walcote Practice
Southgate Chambers
37-39 Southgate Street
Winchester SO23 9EH