**CONFIDENTIAL FEEDBACK FORM**

Thank you for taking the time to complete this feedback sheet. We value all forms of feedback, positive and negative, and use it to continuously improve our services.

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| 1. | **POSITIVE COMMENTS/SUGGESTIONS:**  Please let us know if you have positive comments or suggestions which will help us improve our service: |
| 2. | **CONCERNS/COMPLAINTS:** Please indicate if you would prefer us to contact you directly to obtain details of your concerns rather than complete this form: YES/NO    Please give us information which will help us to clearly identify the problem and what we need to do to resolve matters: |
| 3. | **Your full name, address, and telephone number:** |

**Please return to:**

The Practice Manager

Danestone Medical Practice LLP

Fairview Street

Danestone

Aberdeen

AB22 8ZP

or

**Email to:** gram.danestonemanagement@nhs.scot