



Mansion House Surgery  
Abbey Street, Stone, Staffordshire ST15 8YE  
Telephone (01785) 815555 Email mansion.house@nhs.net

## **Patient Comments/Suggestion Form**

Comment/Suggestion:

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Name\*:

Date:

\*Name does not have to be specified if you want to remain anonymous.

*Thank you for taking the time to complete this form.*



Mansion House Surgery  
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## **Mansion House Surgery Complaint Form**

### **Complaints Details**

Name .....

Address .....

.....Telephone Number .....

### **Patient's Details (if different from above)**

Name ..... Date of Birth.....

Address .....

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### **Summary of complaint (i.e. what is it that you most wish to complain about?)**

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### **Full details of complaint. Please attach separate sheet if necessary.**

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### **Are you looking for a specific outcome from this complaint**

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Complainants signature ..... Date .....

### **Where the complaint is not the patient**

I .....hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patients signature..... Date .....