

CUSTOMER FEEDBACK FORM



Dear Patient,
 Thank you for your feedback.
 The Southern Fleurieu Family Practice welcomes customer feedback whether in the form of a complaint, compliment or comment. We will use this feedback as part of our internal process to improve or consolidate the services provided by this practice.
 Where appropriate and requested the Practice will respond to your feedback after appropriate investigation. Every effort will be made to respond within 10 working days.

Surname	First Names
Address	Telephone
Feedback Type (select one)	
<input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Comment	
(please use overpage if more space is required)	
Response Requested	
<input type="checkbox"/> No Thanks <input type="checkbox"/> Yes Please	
Signed	
Date __ / __ / 20__	

CUSTOMER FEEDBACK FORM



Feedback continued

OFFICE USE ONLY	
Report Number 20 __/__/__	Register updated <input type="checkbox"/> Yes <input type="checkbox"/> No
Action taken	
Response Sent <input type="checkbox"/> Not requested or required <input type="checkbox"/> Yes sent on __/__/__	Date __/__/20__
Signed.....	
General Manager/Administrative Coordinator/Practice Nurse Delete whichever is not applicable	