

**SKENE MEDICAL GROUP**

**PATIENT FEEDBACK / COMPLAINT FORM**

**PERSONAL AND IN CONFIDENCE TO:**      THE PRACTICE MANAGER

Details of person completing this form:

Name:

.....

Address:

.....

.....

Patient's Details (where different from above):

Name:

.....

Address:

.....

.....

Date of Birth: .....

Usual GP: .....

Details of Feedback / Complaint (including date(s) of events and person(s) involved)

.....

.....

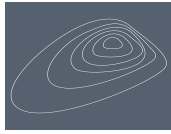
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.....

.....

**(please use other side if required)**

Signature: .....Date: .....



**SKENE MEDICAL GROUP**

**WHERE THE PATIENT IS REPRESENTED BY ANOTHER PERSON:**

I ..... authorise the feedback / complaint set out above to be

made on my behalf by .....

Confidential information about me should only be provided to the above named in so far as is necessary to acknowledge or answer the feedback /complaint.

Patient's Signature: ..... Date: .....

Please hand this form into Reception at Skene Medical Group or send by post to:-

The Practice Manager,  
Skene Medical Group,  
Skene Healthcare Centre,  
Discovery Drive,  
Arnhall Business Park,  
Westhill.  
Aberdeenshire. AB32 6FG