



Glebe Surgery Complaint Form

Your Name:**Date:**

Contact telephone number:

1. Please describe in one or two sentences the issues that have led to this complaint. This will help us to understand the key problems that you have experienced

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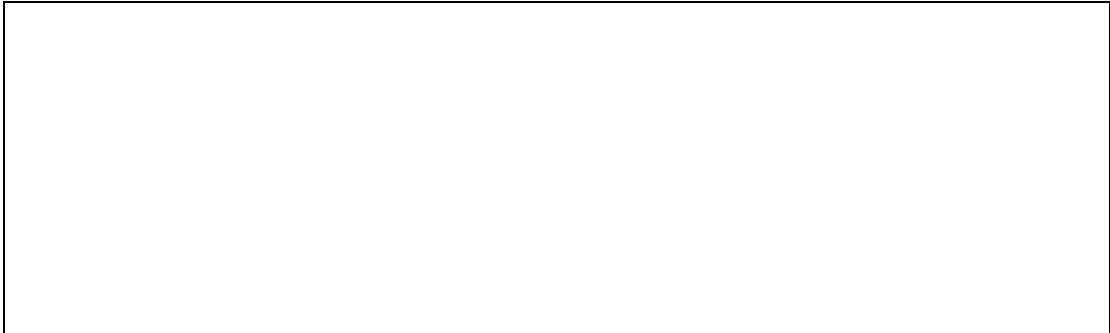
2. Has this problem occurred previously?

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3. Please can you identify where the issues may have arisen? For example, did this happen as a result of conflicting messages, a personality conflict, a problem with communication within the surgery, etc.

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4. Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include training, improved communication, looking into ways to work differently, or by simply apologising where your experience has not been as you wished



5. We would like to review this complaint as part of our complaints procedure to ensure that our systems are as efficient as we can make them. Are you happy for us to review things going forward?

