

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.

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
Fairview Street
ABERDEEN AB22 8ZP