**Alnwick Medical Group – Patient Feedback Form:**

**To be used to detail feedback or provide information related to a formal complaint**

Please return this form to: The Practice Manager using email:

[nencicb-nor.amgcomplaints@nhs.net](mailto:nencicb-nor.amgcomplaints@nhs.net)

Alternatively return this to the practice by post marked for the attention of: Natasha Poad, Patient Liaison Coordinator

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| --- | --- |
| Patient name: |  |
| NHS No. if known: |  |
| Date of birth: |  |
| Address: |  |
| Are you completing this form on behalf of someone else? | YES  If ticked – please complete the patient consent form with contact details |
| Summary of feedback, please include dates and times: |  |
| Desired outcome: |  |
| Office use only: Staff initials and date received: |  |