**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

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:  |   |