

## Tell us what you think!

Please continue on a separate piece of paper if necessary.

Name and Address	What happened or did not happen?	What do you think we should do?
Are you the patient?		Please enter your ethnicity
If not please enter their name		Have you given us feedback about this before?
This person will need to sign to give consent before we can investigate the complaint and for you to act on their behalf	Please sign here to give your consent to discuss your concerns with the appropriate staff	If so when was this?
Tel number (day) and email address	Date	Please send to Michelle Richards Practice Manager Buchanan Road Surgery 72 Buchanan Road Sheffield S5 8AL