

Tell Us What You think!

Buchanan Road Surgery

Feedback and Complaints

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

Please continue on a separate piece of paper if necessary.