

Wistaria Surgery & Milford Medical Centre

COMPLIMENTS, COMMENTS, COMPLAINTS & SUGGESTIONS

Please tick the appropriate box:

Do you wish to make a:

Compliment Comment Complaint Suggestion

Is this about:

Yourself Another Person Name of other person

Please use this box to add your comments	Date:
Would you like to discuss this further with the Practice Manager?	YES/NO

Please provide contact details below:

Name	
Date of Birth	
Address	
Tel. No.	

Thank you for completing this form. We welcome your feedback.