North Coast Surgical Suite

We welcome your feedback

Our Practice is committed to providing high quality service and care, we value your feedback - including complaints.

Please let us know what we do well and where we can improve our services.

This is a ☐ compliment ☐ complaint ☐ comment

Date received: _____

Your Comments:

_____

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Thank you for taking time to provide feedback about

Please provide your details if you would like us to contact you about your feedback

Name: _____

Phone / Email: _____

OFFICE USE ONLY

Date entered in Quality Improvement Register:

By (Name):

Follow-up by:

Response provided: Y / N

Action to be taken: