**Patients Feedback & Suggestions**

**North Clacton Medical Group** welcomes your comments and suggestions. Please complete the two forms below.

|  |  |  |
| --- | --- | --- |
| **Suggestion** | **Suggestion made to improve service** | **Patients Name** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

|  |  |  |
| --- | --- | --- |
| **Suggestion** | **Feedback of experience** | **Patients Name** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

We really appreciate your feedback and suggestions; this will help us to improve our service. Please note that some suggestions may not be appropriate or possible for the surgery to deliver.

All suggestions/ feedback / experiences will be discussed at the staff meeting every 3 months.

Name of staff member you are giving feedback on:

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We really appreciate you giving the time to complete this survey.