

COMPLAINT FORM

Please complete this form and either hand it to one of the Reception Staff, or if you prefer to post the complaint - please address it to:

Mr Kevan Baker
Practice Manager
Wymondham Medical Partnership
Postmill Close
Wymondham
Norfolk NR18 ORF

Please indicate the type of service with which you are dissatisfied

Administration

Appointments System	<input type="checkbox"/>
Prescriptions Service	<input type="checkbox"/>
Staff	<input type="checkbox"/>
Building Facilities	<input type="checkbox"/>

Clinical Treatment

Please tick the appropriate box to indicate the name of the Doctor/Nurse to which this complaint refers.

Dr Thorman	<input type="checkbox"/>	Dr Brown	<input type="checkbox"/>
Dr Thurston	<input type="checkbox"/>	Dr Glenn	<input type="checkbox"/>
Dr Grantham	<input type="checkbox"/>	Dr Findlay	<input type="checkbox"/>
Dr Munagapati	<input type="checkbox"/>	Dr Vanston	<input type="checkbox"/>
Dr Smith	<input type="checkbox"/>	Dr. Pinney	<input type="checkbox"/>
Dr Pereira	<input type="checkbox"/>	Dr Caroline Thurlow	<input type="checkbox"/>
Dr Lowndes-Burt	<input type="checkbox"/>	Dr Suma Kandasamy	<input type="checkbox"/>
Nurse Julie	<input type="checkbox"/>	Nurse Sarah	<input type="checkbox"/>
Nurse Suzanne W	<input type="checkbox"/>	Nurse Samantha	<input type="checkbox"/>
Nurse Kirsty	<input type="checkbox"/>	Nurse Kelly	<input type="checkbox"/>
Nurse Chrissie	<input type="checkbox"/>	Nurse Shirley	<input type="checkbox"/>
Nurse Linda	<input type="checkbox"/>	Nurse Gabi	<input type="checkbox"/>
Nurse Jo	<input type="checkbox"/>	Nurse Katy	<input type="checkbox"/>
Nurse Gemma	<input type="checkbox"/>	Nurse Ramona	<input type="checkbox"/>

Locum Doctor (Please state name)

Please describe the nature of your complaint:

Please indicate what you expect from the practice in order to resolve your complaint?

Please give your name, address and a telephone number where we may contact you in order to discuss your complaint further?

Name: _____ Telephone No: _____

Address: _____

Please indicate when would be a convenient time to contact you

Would you be willing to be contacted via e-mail? If so, please confirm your e-mail address
