

Practice Feedback Form

Feedback is welcomed about the practice in order to improve the services offered. The purpose of this feedback form is to encourage you the client to feel confident that we can be approached at any time with any issues or views you may have.

Please note that if you have a complaint about our services, you should follow the procedure set out the relevant Annex to our engagement letter.

The information on this form will only be used for the purpose for which it was given and will not be used for any other purposes without consent. All details will be held in compliance with the Data Protection legislation.

Type of Feedback (please tick)

Compliment Comment / Suggestion

Section 1 – Client Details

Name: _____

Position: _____

Company: _____

Address: _____

_____ Postcode: _____

Telephone (Daytime): _____ (Mobile): _____

Email: _____

Section 2 – Feedback Details

Which specific service is the feedback concerned with? _____

Dates relating to feedback _____

Does it concern a specific staff member or the organisation as a whole? _____

Feedback Comments

(Please be specific and indicate any impact upon you)

Is this the first time you have given feedback on this specific issue? Yes No

If no, on what other dates did you give feedback and what was the outcome? _____

Do you want us to contact you regarding you feedback Yes No

If yes, what is your preferred contact method? _____

Please send your completed feedback form to the letter head address