**Leslie Medical Practice**

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**Patient Relations Feedback Form**

Your feedback is valuable to us and we are keen to hear what we did well and where you think we can improve. Therefore, we would be grateful if you could take a few minutes to complete this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agree | Neither agree or disagree | Disagree | Don’t know |
| 1. | Finding information on how to make a complaint was easy. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 2. | Submitting a complaint was easy. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 3. | Patient Relations staff were helpful, courteous and professional. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 4. | Patient Relations staff listened and understood my complaint. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 5. | Patient Relations staff checked what outcome I wanted. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 6. | Patient Relations staff explained the complaint process. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 7. | My complaint was handled in a timely manner and I was kept informed of any delays. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 8. | All my complaint points were answered. | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| 9. | The complaint response was easy to read and understandable. | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. | I raised concerns about how my complaint was handled | [ ]  | [ ]  |
|  |
| 2. | Was your concerns addressed | [ ]  | [ ]  |

Additional Comment