



Cyncoed Medical Centre

Cyncoed Medical Centre

Cyncoed Road

Cardiff

CF23 6UW

Tel: 029 2075 0524

Email: enquiries.w97010@wales.nhs.uk

Complaints, Concerns and Feedback Form

We welcome your feedback, comments, concerns or complaints as it helps us to improve the care and services we provide. Please complete this form as fully as possible and return it to the Practice Manager.

1. About you (the person raising the concern)

Title:	☐ Mr	☐ Mrs	☐ Miss	☐ Ms	☐ Other (please state):	
Full name:						
Address:						
Postcode:			Date of birth:			
Telephone number:			Email address:			
Your relationship to the patient:	☐ Patient	☐ Parent/Carer	☐ Relative	☐ Friend	☐ Other (please state):	

2. Patient details (if different from the person raising the concern)

Full name:			
Address:			
Postcode:		Date of birth:	
NHS number (if known):			

3. Details of your complaint, concern or feedback

Please describe in as much detail as possible what has happened, including dates, times, locations and the names of any staff members involved (if known). If you are providing feedback, please let us know what went well and any suggestions for improvement.

4. What would you like to happen next?

Please tell us what you would like to see as an outcome from your concern or complaint.

5. Authorisation and consent (to be completed when the person raising the concern is not the patient)

I hereby authorise _____ to act on my behalf and to receive any and all information that may be relevant to the concern.

I hereby agree that the health records and any personal information can be used in the investigation of concern. I understand that access to records and personal information will be limited only to those who need to see them in order to investigate the issues raised and, only those sections of the health records relevant to the investigation will be used.

Patient's signature: Date:

6. Declaration (to be completed by the person raising the concern)

I confirm that the information I have provided on this form is correct to the best of my knowledge.

Signature: Date:

Thank you for taking the time to complete this form.

Please return the completed form to the Practice Manager, Cyncoed Medical Centre,
Cyncoed Road, Cardiff CF23 6UW or email to enquiries.w97010@wales.nhs.uk