

Feedback Form (Can be completed by Business Manager/Deputy Manager or Patient)

a) Patients name (including title):	b) Patients Address:
c) Telephone:	Email:
Mobile:	Preferred method and time of contact:
d) If consent is require has consent been obtained?	
e) Date:	Time of meeting <i>if held</i> (from-to):
f) Brief Summary of Feedback (may use additional sheet if required)	
g) what issues would you like to be investigated further:	
1. 2. 3. 4. 5.	
h) Is there anything specific you are seeking from raising such feedback:	
i) What timescale do you require for a response:	
j) How would you like us to respond following investigation of your feedback: Please circle Meeting Phone Call Letter from Manager/Partner	
k) Are you informed about ICAS? Are you informed about other support agencies? If yes please state which:	
l) Patient Sign:	I agree to the details noted on this form and that it is my honest feedback.
m) Manager Sign:	Date given to Manager:

Investigation form (To be completed by Business Manager)

a) Practice Name:		
b) Patient Name:		
c) Investigation carried out by:		
d) Date of Incident		e) Date complaint was raised
e) Ethnicity of Patient (if relates to the nature of the complaint)		f) Ethnicity of staff (if relates to the nature of the complaint)
g) Are supporting notes attached (letter or 8.0 feedback form)	Yes	No (if no why?)
h) If complaint is about employee have they been advised?	Yes	No
i) Has this complaint been shared with partners	Yes	No (if no why?)
j) Is there any other evidence you have gathered in this investigation?	Yes	No
k) If you have answered yes to question j) please state what supporting evidence has been collected.		
l) Specific actions Patient wishes to be addressed		
m) Has patient been advised investigation is underway?	Yes	No (if no why?)
n) Agreed Outcomes/Action	By Whom	By When
o) Does the investigation require external input?	Yes	No
p) If yes please confirm which organisation.		
q) Please state the reasons for this decision.		