

PATIENT COMPLAINT FORM

**Drs Koefman, Platt and Herhel
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This form is for patients to use when they consider the service offered by Binfield Surgery does not meet their expectations.

Please complete this form and hand it in at reception, email or post it to the surgery for the attention of the Practice Manager.

The Practice Manager will respond to all complaints within 2 working days. This may be done by speaking to the complainant in person, on the phone, in writing or via email.

SUMMARY OF COMPLAINT (Please use reverse of form if required)

Name:

Address:

Telephone number:

Email address: