**BINFIELD SURGERY**

**Drs Koefman, Platt and Herhel**

**Terrace Road North, Binfield, Berks RG42 5JG**

**Telephone: 01344 286264**

**Email: eastberksccg.binfieldsurgery@nhs.net**

**PATIENT COMPLAINT FORM**

**This form is for patient use when they consider the service offered by this surgery does not meet their expectations.**

**Please complete the form below and hand it in at reception or post it directly to the Business Manager, Mrs Liz Kerr, at the above address.**

**The Business Manager will respond to a complaint within 2 working days. This may be done by speaking to the complainant in person, on the phone, in writing or by email.**

**Name of Patient …………………….. Daytime phone number ………………**

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

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**For surgery use only: Date received…………….…….…… Received by…………………….……**

**Action taken and by whom.**

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