**Complaints form**

We’re sorry that you have not had a good experience with Midlands Medical Partnership (“MMP”) and would like to raise a complaint. Filling out this form as fully as possible will allow us to take your feedback on board and investigate the matter to help prevent a recurrence. Please return this form to reception at your surgery or, if you would prefer, [complaints.mmp@nhs.net](mailto:complaints.mmp@nhs.net).

If you need help completing this or require the information in an alternative format or language, please speak to staff at reception.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **D.o.B** |  |
| **Date** |  | **Date complaint occurred?** |  |
| **Nature of complaint** |  | | |
| **Details of complaint** |  | | |
| **How do you feel we can best address your complaint?** |  | | |
| **What would you like to see us improve?** |  | | |

We value your feedback and treat all matters seriously and in confidence. Should you require further information regarding our complaints procedure tis can be requested from staff at your local surgery.