

Appendix 12: Template – Feedback form

We welcome your feedback.

Our service is committed to providing high quality imaging services and care. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

This is a compliment complaint comment

Date received: _____

Feedback

Follow up (optional)

Please provide your details if you would like us to contact you about your feedback.

Name: _____

Phone / email: _____

Thank you for taking the time to provide feedback about our service.

OFFICE USE ONLY

Date entered in Quality Improvement Register:

By (Name):

Follow-up by:

Response provided: Y / N

Action taken is to be recorded on the reverse of this form.