



CLAREMONT MEADOWS  
FOR YOUR BETTER HEALTH

## PATIENT SUGGESTION/COMPLAINT FORM

*Claremont Meadows Medical Centre is committed to giving the best possible service to its patients. If for any reason you are unhappy with the service you have received and would like to complain, or alternatively, make a suggestion on how our service could be improved, please fill in the details below:*

<b>Name (Optional):</b>	
<b>Address (Optional):</b>	
<b>Telephone number (Optional):</b>	
<b>Date:</b>	
<b>Nature of Complaint/Suggestion for Change:</b>	
<b>How could we have avoided this complaint or how would you like the service improved?</b>	