### 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.**