

**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

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**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.