

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of event: \_\_\_\_\_  
Time of event: \_\_\_\_\_

**- FOR OFFICIAL USE ONLY -**

Officer assigned to this case: \_\_\_\_\_  
Case received on: \_\_\_\_\_  
Plaintiff verified: \_\_\_\_\_  
Does it require further investigation: \_\_\_\_\_  
Outcome: \_\_\_\_\_

**'Circle' the appropriate answer**

**A) Please identify your involvement with our company:**

Member of the public / Service-user / Carer / Nurse / GP / Consultant / Other \_\_\_\_\_

**B) Please outline the nature of your feedback:**

Positive Feedback / Negative Feedback / Areas of Improvement / General Inquiry / Serious Incident

**C) If applicable, please identify the individual(s) involved, their role and the service they are providing:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**D) Please use the field below to give a thorough summary for your reason of contact :**

PLEASE CONTINUE ON ADDITIONAL PAPER IF REQUIRED

**E) Please indicate what outcome you would like to achieve from this?**

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