



## Feedback form

We welcome your feedback.

Our service is committed to providing high quality diagnostic 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.