

Jenner Health Centre

Feedback Form

Your Name: _____

Your Address: _____

Your Contact Telephone Number: _____

We value your opinion

We value your opinion and welcome your comments, both positive and negative. Please use this Feedback Form to provide your general feedback on how we are doing. All completed forms should be handed to Reception and will be reviewed by the Practice Manager, who may contact you about the information you have provided. Should you wish to make a formal complaint, a full NHS complaints procedure is in place, details of which can be obtained from Reception.

Your Feedback