

Tell us about your care

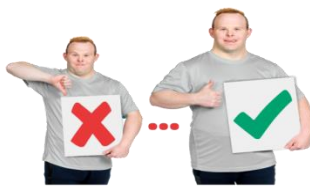
Do you:



Want to give feedback 😊 or ☹️ ?



Have a concern?



Have a complaint?





I am writing about....

Me

Someone else

My name is _____



When did this happen?

Date _____



Did you speak to someone at the time?

Yes

No



What happened and how did you feel about it?



What do you think should happen next?



Confident

What would help me? (My reasonable adjustment)

If you want us to contact you, or someone else, please tell us how:



Address:



Mobile/Tel:



Email:

Please return this form to:

**PALS Office, Milton Keynes University Hospital, Standing Way,
Eaglestone, Milton Keynes, MK6 5LD**

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

**Milton Keynes University Hospital NHS Foundation
Trust**

Standing Way

Eaglestone

Milton Keynes, MK6 5LD

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