

Name (Please print):

Address and contact Telephone Number:

Signature:

Date:

If the person making the complaint is not the patient involved, we must have the patient's consent before investigating.

Patient consent (Required if the complainant is not the patient):

Patient Name:

Patient's Address:

Contact Telephone Number:

I authorise the complaint stated on this form to be made and I agree that members of the practice may disclose confidential information about me, in so far as it is necessary to do so to answer the complaint.

Patient Signature:

Date:

Cemaes Bay Dental Practice

Suggestions, Complaints and Comments

We aim to provide an excellent service for all our clients
- we welcome comments, suggestions and complaints so
that we can improve our service to you.

We value your comments on how things are running at the practice.

We operate a standard complaints procedure for all patients. Our full complaints procedure is available at reception or may be found on our website at www.cemaesbaydentalpractice.co.uk.

Any complaint made will be acknowledged in writing within 2 working days and will include a copy of our full complaints procedure. We will seek to investigate and respond to the complaint within 10 working days. All comments are treated in the strictest confidence within the practice.

If you feel that your complaint has not been dealt with to your satisfaction, you can seek help from the following:

Private and Denplan patients

The Dental Complaints Service (08456 120540)

NHS Patients

The Concerns Team, Ysbyty Gwynedd Hosptial, Bangor, Gwynedd LL57
2PW

01248 384194

Private Treatment

Healthcare Inspectorate Wales Bevan House, Caerphilly Business Park, Van
Road, Caerphilly. CF83 3ED (029 2092 8850)

All Patients

General Dental Council, 37 Wimpole St., London. WIM 8DQ.

Please Note: We would ask that you make any comments (Favourable or unfavourable) as soon after the event as possible.

You can discuss the matter with Mrs Lisa Ward or make written comments on the space provided.

Please use this space to make your comments. Where applicable, please note the date and time of the incident concerned and who was involved (if you know).

Please turn over, complete your details, sign and return this form to the practice. Thank You.