

Trent Hills Family Health Team

Feedback Form

Trent Hills Family Health Team strives to offer excellent care to all our patients. We value your feedback.

**Note: Please do not use this form to communicate confidential or medical information. If you have any health concerns please contact your healthcare provider directly.
If you have a serious complaint, please see The Patient Complaint Process.**

Date:

I am a patient patient family member other

This is a Suggestion Concern Compliment

Comment:

I wish to be contacted to discuss the above

Yes No

Name:

Telephone:

Email:
