

Listening and Learning

You can use this form to tell us about your experiences. However, please also feel free to type a letter, to e-mail, or to telephone us with your views.

Your Name and Address:

Daytime Telephone Number: _____

Patient Name (please include date of birth):

Name _____ Date of Birth _____

Your concerns:

It is helpful to number the key questions or issues that you would like to raise at the end of the form. We recommend focusing on a smaller number of issues that are most important to you. This helps us to focus on the points that matter most to you.

Please attach a blank sheet of paper if you wish to continue.

Signed:

Date:

Please return this form to: PALS & Complaints team, Royal Wolverhampton Hospitals NHS Trust, New Cross Hospital, Freepost WV1894, Wolverhampton, WV10 6BR