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| **Section 1: Your details** | | | |
| Title |  | | |
| Forename |  | | |
| Surname |  | | |
| Address |  | | |
| Postcode |  | | |
| Date of birth |  | | |
| Tel |  | Email |  |
| **How would you like NHS Lothian to contact you in the first instance?**  Letter Email Phone call | | | |
| **This feedback is about:**  Me (continue to section 3)  Someone else (continue to section 2) | | | |
| **Section 2: Details of Person Involved** | | | |
| We will request consent from the person involved if your feedback requires us to share their private information. If consent is necessary, we will post a consent form and ask that it is signed and returned within 20 days | | | |
| Title |  | | |
| Forename |  | | |
| Surname |  | | |
| Address |  | | |
| Postcode |  | | |
| Date of birth |  | | |
| Tel |  | Email |  |
| **Please tell us why you are providing feedback on this person’s behalf:**  **What would you like to happen as a result of your feedback?** | | | |
| **Section 3: Your feedback *(attach extra paper if needed)*** | | | |
| ***It is helpful if you can provide as much detail as possible, such as what happened, an approximate date/time of when it happened, the location it happened (e.g. ward number) and who was involved.*** | | | |
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| **Please return this form to the staff member or service area involved or, alternatively, to:**  **Patient Experience Team**  **NHS Lothian**  **2-4 Waterloo Place**  **Edinburgh**  **EH1 3EG**  **T: 0131 536 3370 (open Mon-Fri, 09:00-16:00)**  **E:** [**feedback@nhslothian.scot.nhs.uk**](mailto:feedback@nhslothian.scot.nhs.uk)  **Thank you for your feedback!**  **We will acknowledge your feedback within 3 working days of receipt** | | | |