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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****Thank you for your feedback!****We will acknowledge your feedback within 3 working days of receipt** |