

PATIENT COMPLIMENT, COMPLAINT OR SUGGESTION FORM

The Quro Obesity Center strives to provide you with the best possible service. Still, we understand that there may be times that you are not fully satisfied with the service received or the organization thereof. In that case, a complaint or a suggestion may be a way to improve on that service. This form is to voice your complaint or suggestion. The Branch Manager ensures that your complaint or suggestion is taken into consideration. Naturally, you receive a reply from us, so please fill out your email address completely as we will use that as a means of communication. You may also want to leave us a compliment, and for that you can also use this form. We would like to hear from you.

We thank you in advance for your cooperation to the continuous improvement of our service.

Full name:.....

Date of birth (dd/mm/yyyy):

E-mail:

Mobile number:

This is a

- Compliment
- Complaint
- Suggestion
- Other,.....

Date (dd/mm/yyyy):

Description: (please continue on back page if you require more space)

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Thank you for filling out this form. Please hand the completely filled form to the receptionist. You will hear back from us within 2 working weeks.