

## COMPLIMENTS, CONCERNS AND COMPLAINTS FORM

Name	
Address	
Contact email address	
Contact telephone number	
Date	
Details of compliment, concern or complaint <i>(Please provide details of the date and time and where the event happened)</i>	
If you require a response, please tell us how you would like us to contact you	Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/>

Please send the completed form to:

South Bucks Hospice, Butterfly House, Kingswood Park, High Wycombe, Bucks, HP13 6GR

Or alternatively you can email it to: [supportercare@sbhospice.org.uk](mailto:supportercare@sbhospice.org.uk)