

COMMENT, COMPLIMENT OR COMPLAINT FORM

SOUTH CITY HEALTH welcomes your feedback as an opportunity to improve our services. If there is any way you feel these can be improved upon, or you would like to make any general comments please complete the form below and place in the box provided at Reception. You can be assured this will be treated confidentially.

DATE: _____

NAME: (optional)

COMMENT / COMPLIMENT / COMPLAINT

☐ I would like to be contacted regarding the above
Phone number: