



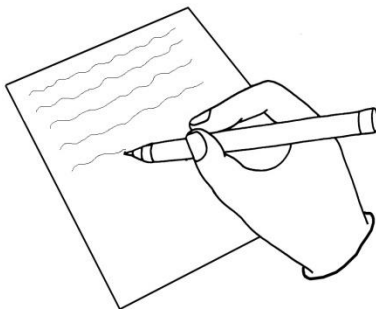

Tell us how you feel



You can ask a friend or carer to help you.



My name is:



I am writing about:

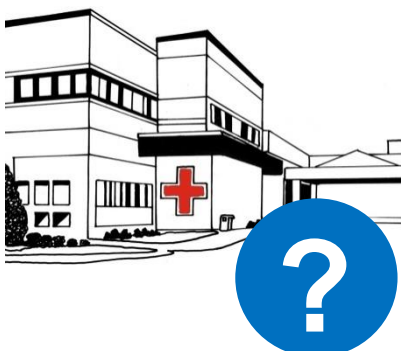
Tick a box




What happened to **me**



What happened to **someone I support or care for**



Name of the place or service:

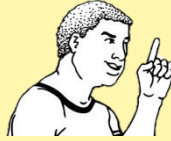




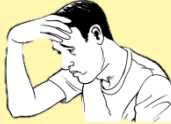
What do you want to do?



Tick a box 



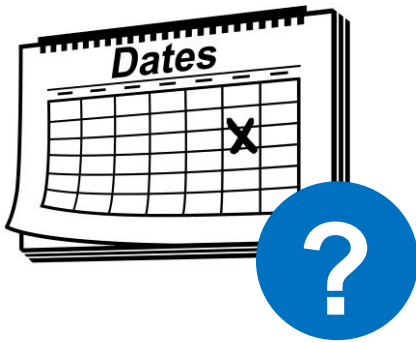
give feedback




tell you why I'm worried




make a complaint



When did it happen?

Date: _____ 

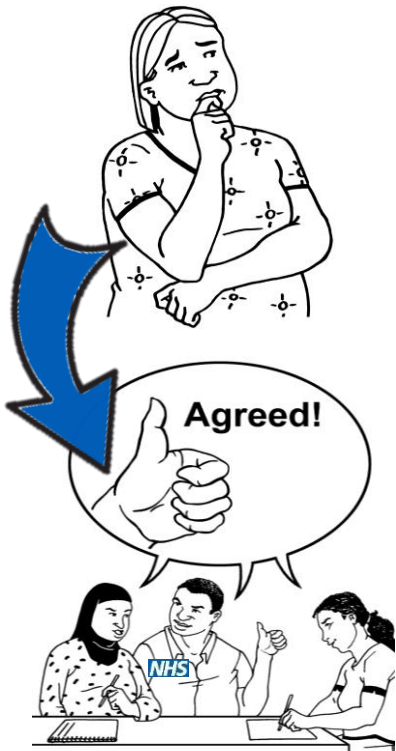
What happened?



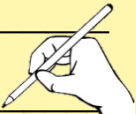


How did you feel about it?

Tick a box 

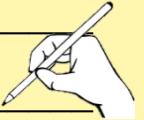


What do you think should happen next?





What will make things easier for you? (My reasonable adjustment)



How can we contact you or your carer?

Where you live: _____



Phone number: _____



Email: _____



Please give this form to a member of staff.



Or you can send this form to:

Email: kentchft.PALS@nhs.net

Post:

Patient Advice and Liaison Service (PALS)

Kent Community Health NHS Foundation

Trust

Unit J, Concept Court

Shearway Business Park

Folkestone CT19 4RG