



# Tell us how you feel about our services




You can ask a friend or carer to help you.




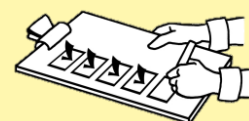
My name is:

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I am writing about:

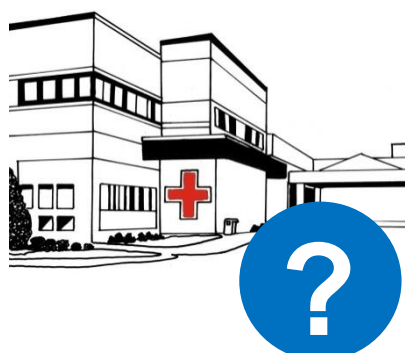
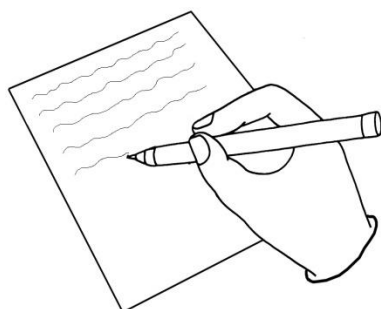
Tick a box 


☐


What happened to **me**

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




Name of the place or service:

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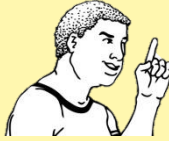




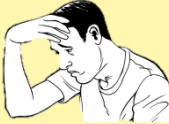
What do you want to do?



Tick a box 

☐

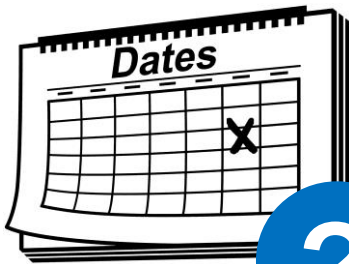
give feedback

☐

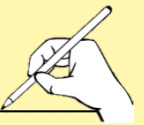
tell you why I'm worried

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make a complaint



When did it happen?

Date: \_\_\_\_\_ 

What happened?

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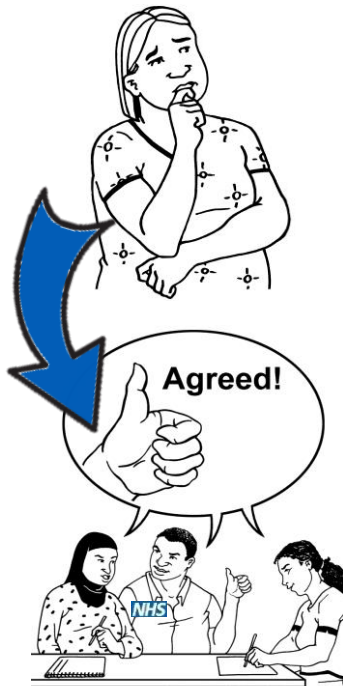
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How did you feel about it?

Tick a box 

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What do you think should happen next?

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

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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](mailto:kentchft.PALS@nhs.net)

**Post:**

Patient Advice and Liaison Service (PALS)

KCHFT

Trinity House

110-120 Upper Pemberton

Kennington

Ashford TN25 4AZ