

Welshpool Medical Centre Concerns Form

Please print or type

CONCERN REGISTERED AGAINST

NAME
DEPARTMENT

PATIENT REGISTERING THE CONCERN

FULL NAME
ADDRESS
DATE OF INCIDENT
DETAILS OF THE CONCERN inclusive of dates and times if possible
SIGNED AND DATED
DESIRED OUTCOME OF THE CONCERN

IF YOU ARE REGISTERING A CONCERN ON BEHALF OF A PATIENT PLEASE STATE YOUR RELATIONSHIP
DO YOU HAVE THEIR CONSENT TO REGISTER A CONCERN WITH THE PRACTICE?

It is with regret you that you are not happy with the practice at this time.

We will endeavour to look into your concern and will acknowledge receipt of this within two working days. We will undertake a thorough investigation by speaking with the individual or team concerned. We do record all of our phone calls so if necessary will listen to any telephone communication that has taken place.

We will be back in touch within 30 days either by phone, a written letter or arrangements may be made for you to attend a meeting here at the practice.

If you need anything in the meantime please do not hesitate to make contact with myself
Mrs Gaynor MacLennan, Practice Manager.

Drs Russell & Partners

December 2025