**Complaints Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Date | |
| Phone | Mobile | | E-mail Address |
| Address | | | |
| Details of Complaint | | | |
| What are you hoping we will do to resolve your complaint? | | | |

Please return this form to:

Mrs Natalie Stavri, Practice Manager

Woodford Dental Care

6 The Broadway, Woodford Green

Essex, IG8 0HL

Or email this form to woodforddentalcare@soegateway.com