**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