



Compliments-Comments-Complaints Form

Date: ___/___/___ Name (optional): _____

This is a: Compliment Comment Complaint

Please tell us about your compliment or concern:

Please note: you do not have to tell us your name or contact details. Please be aware that in this instance we will not be able to tell you about any action we have taken based on your suggestions. If you would like us to contact you regarding your feedback, please leave your name and contact details.



Thanks for your deadly feedback!



Kirrae Health Service – Compliments-Comments-Complaints Form	Created: March 31, 2017	V1.0
Reviewed: Dec 6, 2019	Next Review: Dec 2021	