



# Imaging Services Patient feedback and complaints form

As we strive to consistently improve our services, we seek your feedback. Please help us by taking a few minutes to answer the following questions:

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

How would you rate:	Excellent	Good	Satisfactory	Poor
• the ability to get a timely appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the wait in the reception area before your procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the staff's ability to explain your procedure, answer questions and listen to your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the information received about how, when and who would explain your results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the overall communication from our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the cleanliness of the procedure room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the facilities of our practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the care, professionalism and skill of our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• the level of respect and privacy shown by our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your overall experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please turn over*

**What did you like about your experience?**

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**What did you dislike about your experience? In the future, what could we do differently?**

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**Additional comments or suggestions:**

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**If this is a complaint, what outcome are you seeking?**

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**The following information is optional, but is required if you wish to be contacted:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_