



**Have you raised this issue before? Yes/No**  
**If yes, with whom and what, if any, action was taken**

**How would you like us to resolve the matter?**

**Your Signature:** ..... **Date:** .....

**If you are complaining on behalf of another person, please provide their details along with a signed mandate or other written confirmation that they have agreed that you can act on their behalf.**

**Please return the completed form and signed mandate/other written confirmation by email to: [argyllandbutehscp.feedback@nhs.scot](mailto:argyllandbutehscp.feedback@nhs.scot)**

**Or send by post to: Feedback Team, Argyll and Bute HSCP, Kilmory, Lochgilphead, Argyll, PA31 8RT**