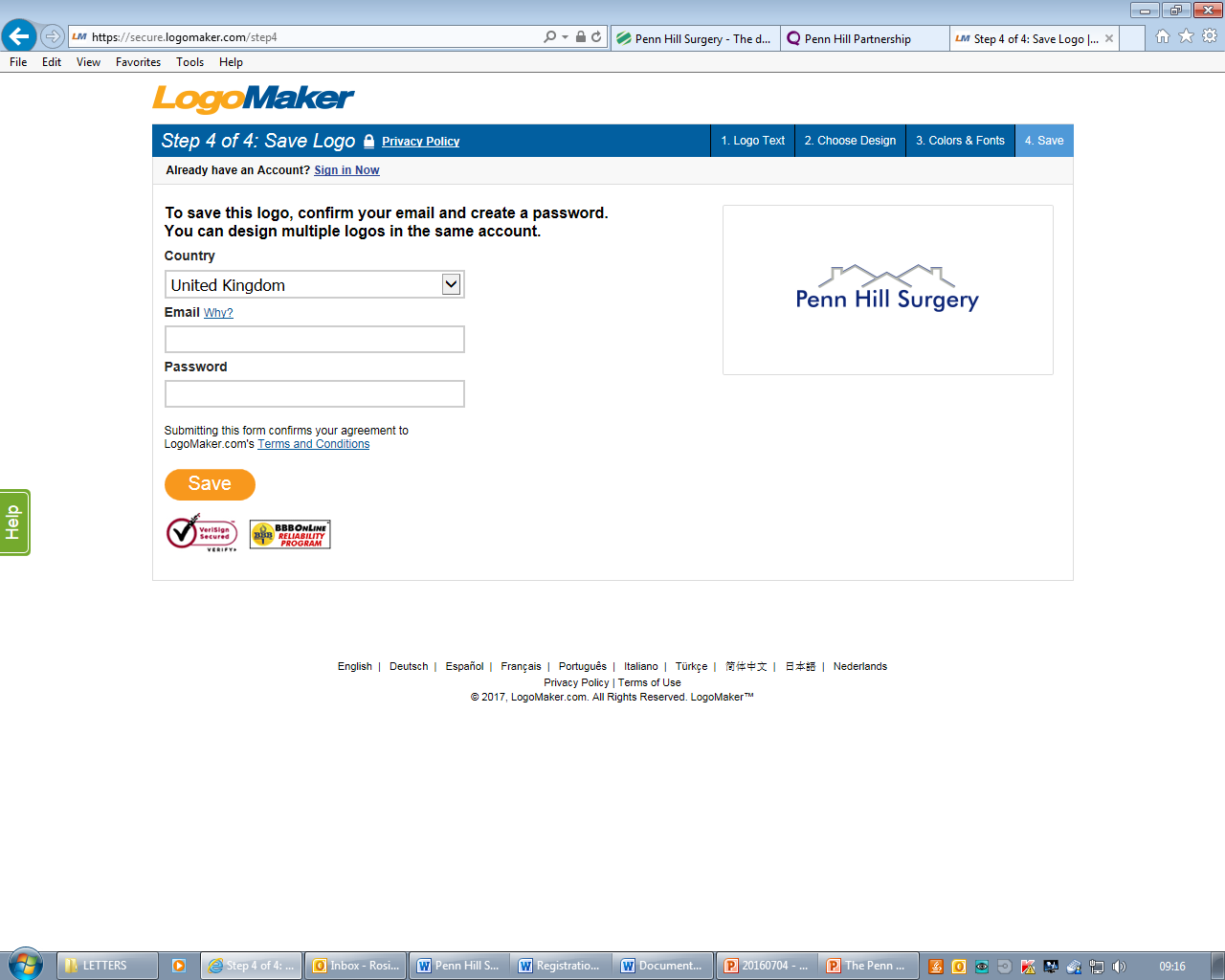
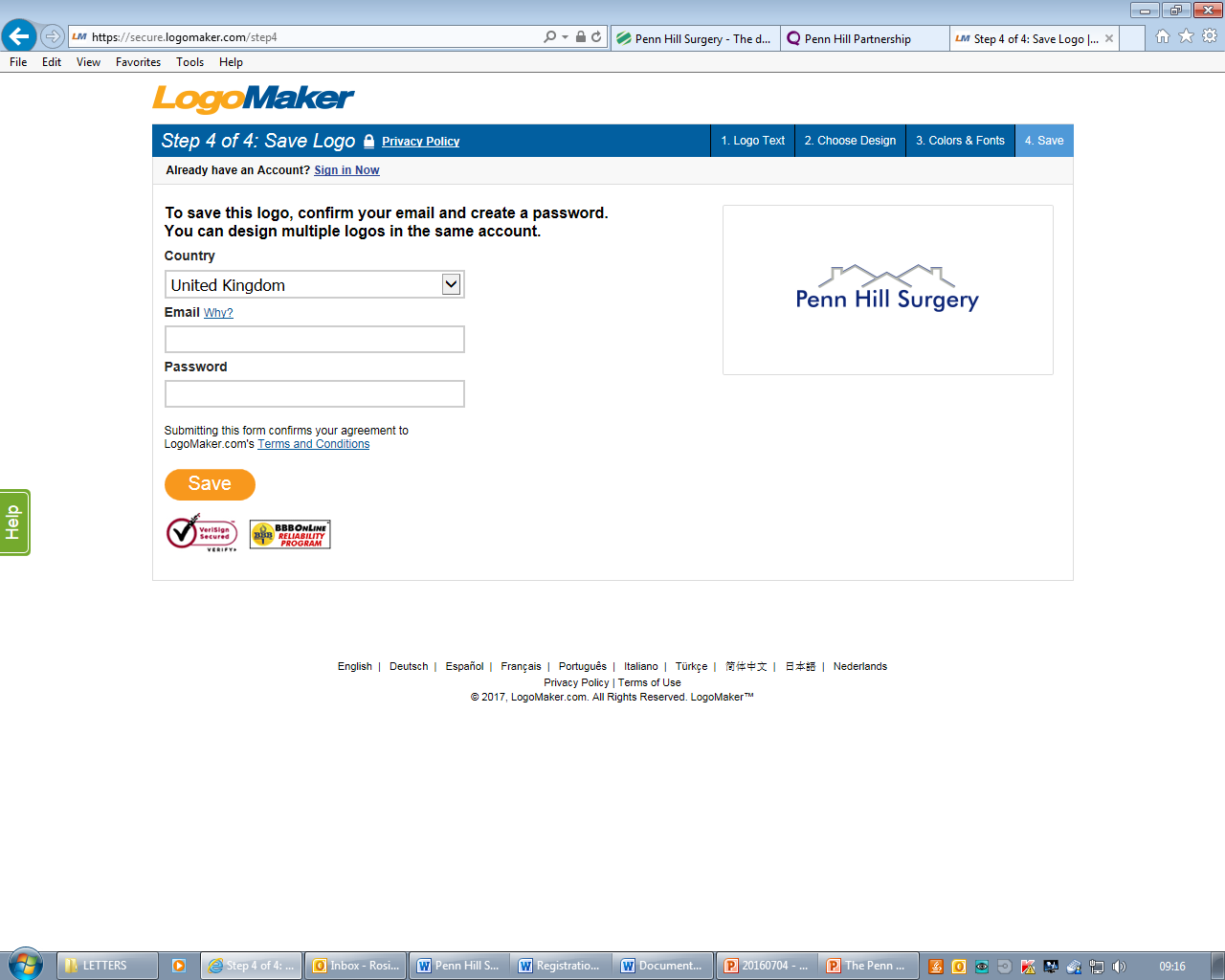
**Penn Hill Surgery**

**St Nicholas Close, Yeovil, Somerset, BA20 1SB**

**Complaint form**

**Patient’s name…………………………………………….**

**Patient’s date of birth……………………………………**

**Phone number to be contacted on………………………….**

**Please give details of your complaint:**

**Signature………………………………………………. Date………………………………..**