

This form will be reviewed by Lantum. It will also be shared with the GP for review and comment.

Please complete and return this to Lantum at [support@lantum.com](mailto:support@lantum.com).

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| **Feedback** | |
| **Your name:** |  |
| **Your email:** |  |
| **Date:** |  |
| **Your job title:** |  |
| **Your practice name:** |  |
| **Session no. [E.g. 401…….]:** |  |
| **Name of Clinician:** |  |
| **Name of team members informed at Lantum (if any):** |  |
| **Have you spoken with the clinician about this feedback? If not, would you be willing to speak to them?** |  |
| **Is this regarding clinical performance, non-clinical issues, or both?** | Clinical performance/ Non-clinical issues / Both |
| **Are your concerns about this clinician of a nature that could impact patient safety?** | Yes/ No |
| **How friendly/professional were they at reception?** | |
|  | |
| **How was their punctuality and timeliness?** | |
|  | |
| **Did they complete the work as described in the online description?** | |
|  | |
| **Details of complaint:**  *Please provide as much detail as possible e.g. dates, events. If feedback is of a clinical nature, it should be provided by a Clinical Lead or GP Principal. For GDPR reasons, please do not send us patient data unless the necessary redactions have been made.* | |
|  | |
| **Any other information:**  *If relevant, please attach results of audit, redacted medical record entries, redacted complaints letter or any other relevant information.* | |
|  | |
| **Clinical complaint only**  **In case we need more information, please let us know who we can contact. This will need to be a Clinical Lead. Please provide their names, email and contact number.** | |
|  | |

**Reminder: please do not include any patient identifiable information**