

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

Please complete and return this to Lantum at support@lantum.com.

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| **Feedback** |
| **Name:** |  |
| **Email:** |  |
| **Date:** |  |
| **Name of the Practice:** |  |
| **Session no. [E.g. 401…….]** |  |
| **Name of Team members informed at Lantum (if any):** |  |
| **Have you spoken with the Practice about this feedback? If not, would you be willing to speak to the Practice?** |  |
| **Details of complaint (please provide as much detail as possible e.g. dates, events):** |
|  |
| **Any other information:** |
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