



## Lilliput Surgery

**How was the situation left?**

**Signed:**

**Date:**

Please send this form marked "Private & Confidential" to:

Rosie Green  
Strategic Business Manager  
Lilliput Surgery  
Elms Avenue, Parkstone  
Poole  
BH14 8EE

**For Practice use only**

**Staff involved in investigation/resolution:**

**Action:**

**Outcome:**

**Any further action to be taken, by whom & by when:**

**Date complaint received:**

**Date acknowledgement sent:**

**Date response letter sent:**

**Date resolved:**