

Mystery Shopper

Feedback form



Mystery shopper
ID number (if applicable):

1. Name of organisation feedback relates to

2. Name of site and department feedback relates to

3. Date of visit

Day:	Month:	Year:
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4. Your ratings (please tick one box)



	1 poor	2 fair	3 average	4 good	5 excellent
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Tell us more about your experience

6. Is there a member of staff or team that you would like to mention who were particularly helpful?

Thank you for sharing your feedback with NHS Bexley Clinical Commissioning Group.

If you have any concerns about the services you have received and would like to speak to a member of the patient experience team please call **0800 328 9712** or email us **contactus@bexleyccg.nhs.uk**

