

## Car Parking Complaints and Compliments.

Please use this form to register your views about car parking at the hospital.

**Please return the completed form to:** see bottom of side two of this form.

Would you like to receive a reply?

Yes / No.

As we will investigate any issues, it may take 2-3 weeks for a reply.

Your name and contact details (? phone / email / post; whichever you prefer):

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Your vehicle registration number: \_\_\_\_\_

Which hospital site does this relate to?

Shrewsbury / Telford.

What date & time did you arrive? \_\_\_/\_\_\_/ 20\_\_ at \_\_. \_\_ a.m./p.m.

Today's date (if different from above): \_\_\_/\_\_\_/ 20\_\_

For complaints about a faulty pay machine, incorrect charges or other technical problems, please complete both Box A and Box B.

For any other complaints and also for comments or compliments, please use just Box B (overleaf).

### **BOX A: Faulty pay machines, incorrect charges or other technical matters.**

What date & time did you pay / attempt to pay? \_\_\_/\_\_\_/ 20\_\_ at \_\_. \_\_ a.m./p.m.

How much did the machine ask you to pay? £ \_\_\_\_\_

Number (or description of location) of the pay machine that you used:

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If you are seeking a refund, please attach your receipt.

Please give details of your complaint in Box B overleaf.

