

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. Yes / No. Would you like to receive a reply? 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): Your vehicle registration number:_____ Shrewsbury / Telford. Which hospital site does this relate to? 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: If you are seeking a refund, please attach your receipt. Please give details of your complaint in Box B overleaf.

BOX B: Details of your complaint, comment or compliment.

Please return this form to: the office / reception desk from which it was obtained or, if you obtained it from the CP Plus kiosk, please return it to the hospital PALS office (located at the ward block entrance at RSH and Main Entrance at PRH). You can also email it to: carparking.permits@sath.nhs.uk OFFICE USE ONLY: Please send form to Car Parking Section, E&F Dept, RSH