**Feedback form**

If you wish to raise any issues experienced with the interpreting services provided by DA Languages to NHS Greater Glasgow & Clyde, please complete the following template and send it back to [feedback@dalanguages.co.uk](mailto:feedback@dalanguages.co.uk) and add in copy [staff.bank@ggc.scot.nhs.uk](mailto:staff.bank@ggc.scot.nhs.uk)

Our Voice of the Customer team will thoroughly investigate any feedback received and will follow up with detailed outcome of their findings, including any corrective actions.

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| --- | --- |
| Your name: |  |
| Telephone PIN used: |  |
| Date & time of the call: |  |
| Linguist ID (if known): |  |
| Telephone number the call has been made from: |  |
| Brief description of events: |  |
| *\*If the feedback is regarding VRI or F2F interpreting services provided by DA Languages, please provide the booking ID and description of events.* |  |