

Statement Request Response Form

For ID Medical use only

Reference

Incident Date

This form is designed to assist you with creating an appropriate response for the statement that has been requested from you regarding the issue(s) raised/feedback received.

Please complete each section fully, using the guidance points for support [available by clicking here](#)

If you are unsure of anything, please reach out to us at resolutions@id-medical.com or **+44(0)1908 552820**

Name

Date of Statement

Feedback From (Hospital Name)

Ward Name

Introduction

Please ensure all fields are completed to form a full introduction for your response.

Main statement

Empty rectangular box for the main statement.

Closing/reflective statement

Declaration

Name

Date

By checking this box I agree this statement is true and correct to the best of my knowledge and belief and is written of my own free will.