

Date

Dr / Associate Professor / Professor

Address

Phone

Email

Dear [Participant],

You have been identified as a key person to be a participant in our Multi Source Feedback survey process being undertaken for Dr / Associate Professor / Professor (delete as necessary) _____. Multi Source Feedback surveys are provided to a range of participants including Peers, Other Medical Practitioners, Administrative Staff, Patients and Caregivers to gain other's perspectives about how the practitioner is meeting service and care standards.

The survey provides the opportunity for you to provide honest feedback about the interactions you have had with the doctor identified. The survey should take approximately five minutes to complete.

Please find enclosed a survey for you to provide an anonymous response regarding Dr / Associate Professor / Professor (delete as necessary) _____ (Practitioner to determine how to collect responses). Your feedback will be evaluated as part of the overall process to provide guidance on areas for improvement and additional development. All responses will be kept entirely confidential.

Should you require any additional information about the survey please do not hesitate to contact Dr / Associate Professor / Professor (delete as necessary) _____.

Yours sincerely,

Dr / Associate Professor / Professor (delete as necessary) _____.

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