

Compliments or Concerns Form



A member group of
Riding for the Disabled Association

Name: _____ Participants Name: (if applicable) _____

Session Attended: _____ Relationship to Participant: _____

Contact Email: _____ Contact Number: _____

Address: _____ Date: _____

Compliment or Concern (Please complete as fully as possible)

Please return completed form to: Services Co-ordinator, Muirfield Riding Therapy, Indoor Arena, West Fenton, North Berwick, EH39 5AL
Email: services@muirfieldridingtherapy.org.uk