

## G MMH INFORMATION LINE ANALYSIS

NAME	MEDICAL RECORDS FORM	FORMAL COMPLAINT	HANTS CONSTABULARY	ACTION GROUP	OTHER
GB			YES		
PB			YES		
AC			YES		
JC + EM			YES		
MRS D	YES				
MRS E			YES		
GE	YES		YES		
MRS G	YES				
BG	YES				
DH	YES				
LH	YES		YES		
TJ	YES			YES	
LL			YES		
MRS M			YES		
MRS M + MRS T	YES	YES	YES	YES	
MR E S + JB				YES	
RT	YES	YES	YES	YES	
AT				YES	
MRS W			YES		
Mr BK					Baker Inquiry
MR N					Dr to go through illness
<b>TOTALS</b>	<b>9</b>	<b>2</b>	<b>12</b>	<b>5</b>	

F.C.