

COMPLAINT FORM

Complainant's Details:

Name:

Address:

.....

Contact Telephone No:

Patient's Details: (if different from above)

Name:

Date of Birth:

Address:

.....

Summary of Complaint: (i.e. what is causing you the most concern)

Full Details of Complaint:

Date: Time:

Place:

Identify Member(s) of practice:

.....

Full Description of Events: (i.e. the facts and surrounding circumstances giving rise to your complaint, continue on separate sheet if necessary)

Complainant's Signature Date

Where the Complainant is not the Patient:

I hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patient's Signature Date