# Ellon Group Practice Complaint Form

## Patient Details

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **Patient Date of Birth:** |  |
| **Address:** |  |
| **Complainant Name,**  |  |
| **Address &**  |  |
| **Relationship to patient(if not patient themselves):** |  |
| **Contact Email Address** |  |
| **Contact Telephone:** |  |

## Summary Complaint Details

|  |
| --- |
| **Please summarise in one or two sentences issues that have led to this complaint:**  |

|  |  |
| --- | --- |
| **Did you express concern to a member of staff & if so to whom?:** |  |

**How do you wish to be notified for complaint response?**

**Email:** [ ]  **Telephone:** [ ]  **In writing:** [ ]

**If you are representing the patient please confirm that you have discussed this with them: Yes** [ ]

**Please note that the patient will be contacted directly to confirm consent given.**

|  |  |
| --- | --- |
| **Patient Consent to discuss:** |  |

|  |  |
| --- | --- |
| **Date:** |  |