Complaint Form

This form can be used if you prefer to put your complaint in writing.

# Your Details

Please use **BLOCK CAPITALS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth |  | | |
| Address |  | Can mail be sent to this address: | Yes | No |
| Telephone Number |  | Can a message be left on this number: | Yes | No |

# Patient Details (if different from above)

Please use **BLOCK CAPITALS**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name |  | | |
| Date of Birth |  | | |
| Address |  | Can mail be sent to this address | Yes | No |
| Telephone Number |  | Can a message be left of this number | Yes | No |
| **IMPORTANT**  **Consent:** Where the complainant is not the patient, a separate consent form is required to be completed and signed by the patient. Consent forms are available from the Practice reception | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 1:  Please provide an explanation of what you are dissatisfied about (please use additional sheets if required) | | | |
| continued >  (Please use additional sheets if required) | | | |
| Section 2:  When did it happen? | | | |
| Date(s): | | | |
| Section 3:  What would you like to achieve? (desired outcome) | | | |
| Please provide an explanation of what you are dissatisfied about (please supply event dates and persons involved) | | | |
| Signed: |  | Date: |  |