

# Complaint Form

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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
<p><b>IMPORTANT</b>  <b>Consent:</b> Where the complainant is <u>not</u> the patient, a separate consent form is required to be completed and signed by the patient. Consent forms are available from the Practice reception</p>			

**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)

Signed:

Date: