

COMPLAINT FORM

(A) Patient's details:

Name:

Address:

Date of Birth:

Telephone:

Usual Practitioner

(B) Complainant's details (*if different from patient*):

Name:

Address:

(C) Details of complaint (including date(s) of events and persons involved):

Complainant's Signature: _____ Date: _____

Where the complainant is not the patient:

I authorise the complaint set out above to be made on my behalf.

I agree that the practice may disclose to the complainant, in so far as is necessary to answer the complaint, confidential information about me from my medical records.

Patient's signature: _____ ***Date:*** _____