

Complaints Form

Complainant's details

Name: _____

Address: _____

Patient's details (if different from above)

Name: _____

Address: _____

Date of birth: ___/___/___

Usual Practitioner: _____

Details of complaint (Including date(s) of events and persons involved)

Complainant's Signature: _____ Date: _____

COMPLAINTS FORM (Continued)

Where the complainant is not the patient:

I _____ authorise the complaint set out overleaf to be made on my behalf by _____ and I agree that the practice may disclose to _____ (only in so far as necessary to answer the complaint) confidential information about me which I have provided to them.

Patient's Signature: _____ Date: _____