

**Complaints Form**

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| **Complainant’s details** |
| From (full name): |  |
| Address: |  |
| Contact telephone number: |  |

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| **Patient’s details (where different from above)** |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Practice: |  |
| Usual GP: |  |

**Where the complainant is not the patient:**

I, (name)…………………………………authorise the complaint set out below to be made on my behalf, by

(name)………………………………….., and I agree that the Practice may disclose to them confidential information about me in so far as is necessary to answer the complaint.

Patient’s signature: ……………………………………………. Date: ……………………

**Full details of complaint:**

(Please give us as much information as you can, including dates of events and names of people involved,

if you know them)

Complainant’s signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . .