

PRACTICE COMPLAINT FORM

Complainant's Details

Name:

Address:

Contact Number:

Patient's Details (if different from above)

Name:

Address:

Date of Birth:

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

Complainant's signature:

Date:

Please use other side if needed

301 East Street Surgery

Where the complainant is not the patient:

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

Patient's signature:

Date:

Name and Address:

Contact Number: