

**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:***