|  |  |
| --- | --- |
| **COMPLAINANT’S DETAILS**  (The person complaining) | **PATIENT’S DETAILS**  (If different from the complainant) |
| **Name:**  **Address:**  **Telephone:** | **Name:**  **Address:**  **Telephone:** |

**DATE OF COMPLAINT…**………………… **TIME…**……………………

**PLACE…**………………………………………………………………………………

**MEMBER(S) OF PRACTICE INVOLVED:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**PLEASE GIVE DETAILS OF THE COMPLAINT BELOW:**

…………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………….………………………………………………………………………………………………………….…………………………………………………………………

(please use additional pages where required).

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

When the person complaining is not the patient, the patient must complete the section below and sign it

I……………………………..hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far as it is necessary to do so to answer the complaint) confidential information about me

Patient’s Signature:……………………………………………Date:.……………………………….