



COMPLAINT FORM

Complainant Details

Name:

Address:

Patient's details (if different from above)

Name:

Address:

Date of Birth:

Usual Doctor:

Details of the complaint (including dates & persons involved):

Complainant's Signature:

Date:

Continue overleaf
Use a separate page if needed



COMPLAINT FORM

Where the complainant is not the patient

Where the complainant is not the patient

I, _____ agree with the complaint made on the other side of this form and have given my permission for _____ to make this complaint on my behalf. I agree that the practice may disclose confidential information made about me to _____, but only in as much as it is necessary to answer the complaint.

Patient's Signature:

Date:

Name & Address

Continue overleaf
Use a separate page if needed

Complaints Procedure Reviewed 2023