



Complaints Report Form (verbal and written complaints)

If you are making a complaint on behalf of a patient, you **must** obtain their signed consent when completing this form. Please ask for a Consent Form. This is needed in order for us to disclose patient information from their medical records relating to the complaint. If consent is not given at the time of submission, the Practice reserves the right not to respond to this complaint but might still carry out a full investigation.

Signed consent is not required for parents/guardians making a complaint on behalf of their children under the age of 16 but Section 2 must still be completed by the complainant.

Are you making a complaint on behalf of a patient?

YES – please complete SECTION 1 (patient details) and SECTION 2 (your details)

NO – please continue with SECTION 1 only

SECTIONS 3 and 4 should be completed in all cases.

SECTION 1 - Patient details

Patient Name: _____ Patient D.O.B _____

Patient Address: _____

Patient Postcode: _____ Patient telephone No: _____

SECTION 2 - Your details (the complainant) if difference from above

Your name: _____

Your Address: _____

Patient Postcode: _____ Your telephone No: _____

Your relationship to the patient: _____

Cont'd.....

SECTION 4 - Please state what you and/or the patient, would like to see happen as a result of the complaint:

Signed: _____ **Today's Date:** _____

By complainant / by patient (please delete as applicable)