

**Complaint Form**

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| --- | --- |
| Patients Name |  |
| Address |  |
| Tel no. |  |

If the complaint is being made on behalf of a patient, please enter your details here:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Tel no. |  |
| Relationship to patient |  |

Summary of complaint, i.e. what it is that you want to raise: (please include dates, times, places and people involved)

|  |  |
| --- | --- |
| Patient’s / complaint’s signature |  |
|  |  |  |
| Disclosure clause where complain is not raised by patient: |
| I …………………………………………………………… (the patient) agree to the above-mentioned complaint being made on my behalf, and I authorise you to disclose information about me in so far is necessary to answer the complaint. |
| Signature of patient | X | Date…………………………………. |