



COMPLAINT FORM

When did the event take place?

Who do you wish to raise the complaint about?

Please provide a summary of your complaint and explain what you are unhappy about.

Please can you tell me your desired outcome from raising this complaint?

Patient Details	Complainant (if not the Patient)
Patient Name:	Complainant Name:
DOB:	DOB:
Address:	Address:
Telephone number	Telephone number
e-mail address	e-mail address
Signature	If you are making this complaint on behalf of the patient please provide their consent below
Date:	

I, hereby authorise the complaint set out above 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 the practice.