

ELIZABETH COURTAULD SURGERY
COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS
COMPLAINT FORM

Your details

NAME

.....

ADDRESS

.....

.....

CONTACT TELEPHONE No.

.....

Patient's details (if different from above)

DATE OF BIRTH.....

NAME

.....

ADDRESS

.....

.....

Summary of complaint (i.e. what is it that you wish to complain about?)

Full details of complaint

Date.....

Time.....

Place.....

Identify member(s) of practice.....

please turn over to continue

Full description of events (i.e. the facts and surrounding circumstances giving rise to your complaint)

Complainants signature.....

Date.....

Where the complainant is NOT the patient - please complete and sign at 1 or 2 below -

1.

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

Patient's signature.....

Date.....

2.

Ihereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about (patient's name)

Patient's signature.....

Date.....

Relationship to complainant:

Relationship to patient: