



Elizabeth Courtauld
Partnership

ELIZABETH COURTAULD PARTNERSHIP

Elizabeth Courtauld Surgery & North Chelmsford NHS Healthcare Centre

COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS FORM

Site	Halstead		Chelmsford	
Your details				
Name				
Address				
Contact Tel No.				

Patient's details (if different from above)

Name	
Address	
Date of Birth	

Full details of complaint	
Date	
Time	
Identify members of practice	

www.elizabethcourtauld.gpsurgery.net

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

Complainants signature	
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Date	
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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	
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Date	
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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	
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Date	
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Relationship to complainant	
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Relationship to patient	
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