

# COMPLAINT FORM



## COMPLAINANT'S DETAILS

Name: ..... Date of birth: .....

Address: .....

Contact telephone number: ..... National Insurance No: .....  
(if known)

## PATIENT'S DETAILS (IF DIFFERENT FROM ABOVE)

Name: ..... Date of birth: .....

Address: .....

Contact telephone number: ..... National Insurance No: .....  
(if known)

## FULL DETAILS OF COMPLAINT

Date: ..... Time: ..... Location: .....

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

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

Complainant's signature: ..... Date: .....

## WHERE THE COMPLAINANT IS NOT THE PATIENT

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

Patient's signature: ..... Date: .....