### COMPLAINT FORM

#### Complainant’s Details

Name:

Address:

Email:

**Patient’s Details** (if different from above)

Name:

Address:

Date of Birth:

Details of complaint (including date(s) of events and persons involved)

Complainant’s signature: Date:

***Please use other side if needed***

**If you are making a complaint on behalf of someone else, please obtain consent as below…**

**Where the complainant is not the patient:**

I, ........................................................... hereby authorise the complaint set out overleaf 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 them.

Patient’s signature: Date:

# Name and Address: