**Complaint Form**

 **Complainant’s Details**

**Name:**

**Address:**

 **Post code**:

**Home Tel:**

**Patients Details**

**Surname:**  **Title**:

**Forename:**

**Date of Birth**: **Sex:**

**Address**:

 **Post code:**

**Home Tel:** **Mobile:**

**GP:**

**Details of Complaint (including date (s) of events and person involved)**

Please continue on separate sheet if necessary.

**Where the Complainant is NOT the patient:**

I, authorise the complaint set out

above to be made on my behalf by and I agree

that the practice may disclose to (only in so far

as is necessary to answer the complaint) confidential information about me which I

provided to them.

**Patients’s Signature:** **Date:**

**For Practice USE Only:**

**First contact made by: Phone ( ) In Person ( ) Letter ( )**

**Received on Date:**  **Received by:**

**ACTION TAKEN**

**Date of 1st response:**

**Date(s) of subsequent responses:**

**Complaint finalised/concluded: Yes ( ) No ( ) Date:**

**Please return this form to: Mrs Sarah Cross, Practice Manager**