

# Patient Complaint Form



## PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

## COMPLAINT DETAILS

Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.

## OUTCOME

## SIGNATURE

Surname & initials		Title	
Signature		Date	

## ACTIONS

Passed to management    YES   /   NO

**THIRD PARTY DETAILS (if you are making a complaint on the patient's behalf)**

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Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

## THIRD PARTY DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*.

Where a limited period applies, this authority is valid until ...../...../.....  
(insert date).

(\*Delete as necessary)

## SIGNATURE

Surname & initials		Title	
Signature		Date	