

**COMPLAINT FORM**

Complainant's Details

Name: -----

Address: -----  
-----

Contact telephone number: -----

Patients details (if different from above)

Name: -----

Date of Birth: -----

Address: -----  
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**Summary of complaint** (i.e. what is it that you most wish to complain about?) [Continue overleaf]

Full detail of complaint

Date: -----

Time: -----

Place: -----

Identify member(s) of the practice: -----

Full description of events: (i.e. the facts surrounding circumstances giving rise to your complaint) [continue overleaf]

Complainant's signature: ----- Date: -----

Where the complainant is not the patient

I ----- hereby authorize the above complaint to be made and 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 to them.

Patient's signature: ----- Date: -----