Complainant's Details:

Name ..... Contact Tel No. .....

Address.....

Patient's Details (if different from above)

Name ..... Contact Tel No.....

Address.....

Details of Complaint *(Please provide us with as much detail as possible):*

Date ..... Time ..... Place .....

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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 it is necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patient's Signature ..... Date.....

[Office Use: Date Received……..]