



Complaint Form

SECTION 1: PATIENT DETAILS

Surname		Maiden name	
Forename		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth		Address:	
Telephone No.		Postcode:	
NHS number (if known)		Hospital number (if known)	

SECTION 2: 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.

SECTION 3: SIGNATURE



Surname & initials		Title (Mr,Mrs,Ms,Dr)	
Signature		Date	

Annex B – Third Party Patient Complaint Form

SECTION 1: PATIENT DETAILS

Surname		Maiden name	
Forename		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth		Address:	
Telephone No.		Postcode:	
NHS number (if known)		Hospital number (if known)	

SECTION 2: THIRD PARTY DETAILS

Surname		Forename	
Title (i.e. Mr, Mrs, Ms, Dr)		Address:	
Telephone No.		Postcode:	

SECTION 3: 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)

SECTION 4: SIGNATURE



Surname & initials		Title (Mr,Mrs,Ms,Dr)	
Signature		Date	