

**COMPLAINTS FORM**

<b>Date of complaint:</b>	
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**PATIENT DETAILS**

<b>Name:</b>	<b>Contact Number(s):</b>
<b>Address:</b>	<b>Email:</b>

**COMPLAINANT DETAILS (if not the patient).**  
Please complete the consent form below.

<b>Name:</b>	<b>Contact Number(s):</b>
<b>Address:</b>	<b>Email:</b>

**CONSENT FORM**

Where the complaint is not made by the patient concerned, the **patient** must complete this consent:

I, ..... authorise the complaint set out below to be made on my behalf by ..... and I agree that the practice may disclose to this person confidential information about me which I provided to them.

**Patient's signature:** ..... **Date:** .....

Name and Address: .....

**DETAILS OF COMPLAINT**

Please describe in detail and accurately the nature of your complaint (please continue overleaf):

<b>Signature:</b>		<b>Date:</b>	
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<b>Office use only:</b>			
<b>Complaint against:</b>		<b>Ref. No.</b>	
<b>How received:</b>	Written / verbal	<b>If verbal, resolved within 24 hrs?</b>	Yes / No
<b>Acknowledgement made:</b>		<b>Full Response made:</b>	
<b>Complaint/Concern?</b>		<b>Upheld?</b>	Yes / No
<b>Referred to Ombudsman</b>	Yes / No	<b>Outcome:</b>	



Communications

Premises

Management

Administration

Clinical

Other

## Complaint Continuation Sheet

**Please outline what actions can be taken to deal effectively with your complaint:**

**Please outline what measures can be taken to avoid a repeat of your complaint:**