**Wilsden Medical Practice**

**COMPLAINT FORM**

**Complainant’s Details**

Name:

Forename / Initials:

Address:

Postcode:

Contact telephone number (daytime):

Contact telephone number (evenings):

Ethnic category (as stated by complainant):

Patient No: Registered at which Practice:

**Patient’s Details** *(if different from above)*

Name:

Forename / Initials:

Address:

Postcode:

Patient No: Registered at which practice:

Ethnic category (as stated by patient):

**Summary of complaint** *(i.e. what is it that you most wish to complain about?)*

**Full details of complaint**

Date: Time:

Place:

Identify member(s) of Practice:

Full description of events: *(i.e. the facts and surrounding circumstances giving rise to your complaint)*

**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 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:**