

## COMPLAINT FORM

Complainant's details	Patient's details <i>(if not Complainant)</i>
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Usual Practitioner:	Usual Practitioner:
Date of Birth:	Date of Birth:

<p><b>Where The Complainant Is <u>Not</u> The Patient:</b></p> <p>I ..... authorise the complaint set out below to be made on my behalf by ..... and I agree that the practice may disclose to ..... (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.</p> <p>Patient's Name and address:</p>   <p>Signature: _____ Date: _____</p>	
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DETAILS OF COMPLAINT		
Date:	Time:	Place:
Identify member(s) of practice involved:		
Full description of events:		
<i>(please continue overleaf if more space required)</i>		
Complainant's signature: _____		Date: _____

## COMPLAINT FORM

**DETAILS OF COMPLAINT continued from overleaf**

Full description of events continued:

Complainant's signature:

Date: