

●●● The Garden Surgery

COMPLAINT FORM

Patient Full Name:

Date of Birth:/...../.....

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

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SIGNED:

PRINT NAME:

(Continue overleaf if necessary)

2nd Floor, East Leeds Health Centre, 78 Osmondthorpe Lane, Leeds LS9 9EF
Tel: 0113 2009190
G P Partners: Dr J Procter, Dr R Flint, Dr J Salih
Salaried GP: Dr M Uddin
Practice Manager: Mrs Sarah Cave

We are part of the York Road Primary Care Network (PCN)

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PATIENT THIRD-PARTY CONSENT

Patient name:

Telephone number:

Address:

Enquirer/complainant name:

Telephone number:

Address:

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until:/...../..... (Insert date)

SIGNED:

(Patient only)

PRINT NAME:

Date:

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