

PATIENT COMPLAINT FORM

Patient Full Name:
Date of Birth:
Address:
Complaint details: (Include dates, times, and names of practice personnel, if known)
(Continue overleaf if necessary)
SignedPrint name
Date:

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. The consent will not be required for a child if you have parental responsibility.

PATIENT THIRD-PARTY CONSENT

Patient's name:		
Telephone number:		
Address:		
Enquirer / complainant name:		
TELEPHONE NUMBER:		
ADDRESS:		
Please obtain the patient's signed consent below.		
I fully consent to my Doctor releasing information, and discussing my care and medical records with the person named above in relation to this complaint only, 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)	
Date:		