

BRAMHAM MEDICAL CENTRE - COMPLAINT FORM

Complainant's Details

Name	
Address	
Contact Telephone Number	

Patient Details (if different from above)

Name		Date of Birth	
Address			
Contact Telephone Number			

Full Details of Complaint

Date		Time	
Place			

Full description of events (i.e. the facts and surrounding circumstances giving rise to your complaint, please include the identity of any members of staff known to have been involved, if relevant). Please feel free to attach a separate sheet with these details if there is insufficient space provided:

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Complainant's Signature	
Date	

Where the complainant is not the patient please complete the following: -

I hereby authorise the above complaint to be made and I agree that members of the practice may disclose (in so far as is necessary to do so to answer the complaint) confidential information about me with which I have provided them.

Patient's signature	
Date	

Please submit your complaint by either:

- posting to Bramham Medical Centre, Clifford Road, Bramham, LEEDS LS23 6RN
- handing into the practice in person
- emailing to Pauline.tidswell@nhs.net