

# Saffron Health Complaints Form

## Complainant's Details

Name:

Contact Telephone No:

Address:

## Patient's Details (if different from above)

Name:

Contact Telephone No:

Address:

## Details of Complaint

Date:

Time:

Place:

Do you have any disabilities or special requirements that we need to be aware of?

YES

NO

If YES please give further details:	
How would you like to be communicated with? (please circle)      Written      Telephone      Email	
Complainant's Signature:	
Date:	
<b>Where the complainant is not the patient</b>	
I .....hereby authorise the above complaint to be made and I agree that members of the practice may disclose confidential information about me which I provide to them.	
Patients Signature:	Date:
<b>Office Use</b>	
Date Received:	Staff Member: