

Woodlands Medical Practice

Annex A – Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

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SECTION 3: OUTCOME

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SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

SECTION 5: ACTIONS

Passed to management	Yes/No
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Woodlands Medical Practice

Annex B – Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*.
(*Delete as necessary)

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

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	