

**COMPLAINTS PROCEDURE**

Please complete this form giving details of your complaint. If you have difficulty in completing this form then please ask a member of staff for help. You will be contacted by email (provide an email address if you have one) or by post. Please hand your completed form in at the reception desk or send by email to: [bnssg.mhccomplaints@nhs.net](mailto:bnssg.mhccomplaints@nhs.net)

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| **Name:** |
| **Address:**  **Postcode:** |
| **Contact Telephone Number and Email Address:** |
| **Date:** |
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**Please continue overleaf if necessary**