

WEAVER VALE PRACTICE

PATIENT COMPLAINT FORM

Patient's Name:	
Patients DOB:	
Patients Address:	
Complaint Details (if not the patient)	

Please note if you are making a complaint on behalf of a patient, we require written consent from the patient to discuss this matter with you. If we do not receive this the complaint will not be taken forward

Summary of Complaint: Please describe in one or two sentences the issues that have led to this complaint. This will help us to understand the key problems you have experienced.

Have you experienced this issue before? This may include at this surgery or at a previous healthcare provider. Please provide details if it was previously resolved.

Please can you describe how this issue may have occurred For example, problems can arise due to conflicting messages, lack of communication, personality conflicts or where we are unable to meet your expectations. Understanding this aspect helps us to explore the full circumstances surrounding the issue

Please can you describe any specific outcomes your expect from your concerns : Understanding our patients needs is important to us so that we can explore and address issues fully. Common outcomes that patients value include improving our service through training, saying sorry when we have made a mistake, addressing communication issue or exploring issued you have raised in more detail and providing an explanation.

Next steps and what you can expect from us: We would like to review your comments as part of our ongoing commitment to improving our services where possible and reaching a positive outcome for both you and the practice, ensuring that our systems are as effective as we can make them. We will provide a written response