**KIRKHAM HEALTH CENTRE**

COMPLAINTS LETTER

|  |  |
| --- | --- |
| Date: |  |
| Name of Patient: |  |
| DATE of Birth: |  |
| Address: |  |
| Telephone Number: |  |
| Name of Person Making Complaint  (if different): |  |
| Relationship to Patient: |  |

|  |
| --- |
| Details of Complaint:  Please continue overleaf |

**Please forward completed form to: Practice Manager, Kirkham Health Centre, Moor Street, Kirkham, PR4 2DL or email: lscicb-fw.gp-p81128@nhs.net**

You will receive acknowledgement of your complaint within 3 working days

Should you remain dissatisfied with how your complaint has been dealt with contact:The Parliamentary & Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP Tel: 0345 015 4033 [www.ombudsman.org.uk](http://www.ombudsman.org.uk/)

|  |
| --- |
| Details of Complaint (continued): |