

Our aim is to provide the highest level of care for all our patients. We will always be willing to hear if there is any way that you think that we can improve the service we provide.

PATIENT COMPLAINT FORM

FAO: Practice Manager

Palfrey Health Centre
Milton House
151 Wednesbury Road
Walsall
West Midlands
WS1 4JQ
Telephone: 01922 627788

Date:

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Patient Name:.....

Address & Contact Details:

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Date & Time of Incident:

Please provide a brief description of the event/s that your complaint is about.

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Thank You

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

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

Signed: (Patient only)

Date: