

Complainant's Details

Name	_____
Address	_____ _____
Telephone No.	_____
Date of Birth	_____

Patient's Details (where different from above)

Name	_____
Address	_____ _____
Telephone No.	_____
Date of Birth	_____

Complaint against

Name	_____
Job Title	_____

Details of Complaint

Date of incident	_____
Time of incident	_____
Place of incident	_____
Names of staff involved in incident	_____ _____ _____

Complainant's signature	_____
Date	_____

Full description of events (i.e. facts and other circumstances giving rise to your complaint)

Where the complainant is not the patient the following should be completed:

I _____ of _____
_____ hereby authorise _____

to make a complaint on my behalf and I agree that members of the practice staff may disclose (in so far as it is necessary to answer the complaint) confidential information about me which I have previously provided.

Patient's signature	_____
Date	_____

FOR PRACTICE USE ONLY

Date Received _____

Received by _____