**COMPLAINT FORM**

|  |  |
| --- | --- |
| **Patient’s Full Name** |  |
| **Patient’s Date of Birth** |  |
| **Patient’s Address** |  |
| **COMPLAINT DETAILS** | |
| **Date and Time of Complaint** |  |
| **Person Involved** |  |
| **NOTES** | |
|  |  |
| **Patient’s Signature** |  |
| **Date of Signature** |  |

**PATIENT THIRD PARTY CONSENT**

|  |  |
| --- | --- |
| **Patient’s Full Name** |  |
| **Patient’s Telephone Number** |  |
| **Patient’s Address** |  |
| **Name of Enquirer/Complainant** |  |
| **Complainant’s Telephone Number** |  |
| **Complainant’s Address** |  |
| If you are complaining on behalf of a patient or your complaint or enquiry involves the medical care of a patient, the consent of the patient will be required. Please obtain the patient’s signed consent.  “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 only and I wish this person to complain on my behalf.  This authority is for an indefinite period/for a limited period only. (Delete as applicable.)  Where a limited period applies, this authority is valid until the date below.” | |
| **Valid Until** |  |
| **Patient’s Signature** |  |
| **Date of Signature** |  |

Please forward the completed form by post or email to our Business PA, Marcia Glover ([marcia.glover@nhs.net](mailto:marcia.glover@nhs.net)). Thank you.