Grassendale

**Medical Practice**

COMMENTS/FEEDBACK/COMPLAINTS FORM

|  |  |
| --- | --- |
| **Complainant’s details**  Name:  Address:  Preferred contact (e.g. telephone/email): | **Patient’s details, if different**  Name:  Address:  If the patient is a competent adult, we need their consent to proceed with a complaint made on their behalf. Please provide a suitable contact number for us to call and confirm this with them: |

**Comments/feedback/complaint:**

*Please be as specific as possible, as this will help us to investigate the matter properly and provide you with a more detailed response.*

|  |
| --- |
|  |

**Date:**

*This complaint will be passed to our Complaints Manager, Tracy Westhead*