Grassendale

**Medical Practice**

COMMENTS/FEEDBACK/COMPLAINTS FORM

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| **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.*

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**Date:**

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