

# FORMAL COMPLAINT FORM

## Complainant's Details

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	

## Patient Details (if different from above)

<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Usual Doctor</b>	

## Details of Complaint (including date(s) of events and persons involved)

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<b>Complainant's Signature</b>		<b>Date</b>	
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**Patient Third Party Consent**

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 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 appropriate)

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

<b>Patient's Signature</b>		<b>Date</b>	
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For Practice Use Only			
Date Received		Date Acknowledged	