

PATIENT COMPLAINT FORM



SECTION 3: Complainant Signature

Full Name		Title (Mr,Mrs,Ms,Dr)	
Signature		Date	

PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE COMPLAINING ON BEHALF OF SOMEBODY ELSE

SECTION 4: PATIENT DETAILS

Surname		Forename	
Forename		Title (Mr, Mrs, etc)	
Date of birth		Telephone No.	
Address:			

SECTION 5: OTHER THIRD PARTY DETAILS

Surname		Forename	
Forename		Title (Mr, Mrs, etc)	
Date of birth		Telephone No.	
Address:			
Preferred method of contact	<input type="checkbox"/> By Post <input type="checkbox"/> By email		
Email Address			

SECTION 6: PATIENT DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*. Where a limited period applies, this authority is valid until/...../..... (insert date).

(* Delete as necessary)

SECTION 7: PATIENT AUTHORISATION

Print Name		Title (Mr,Mrs,etc)	
Signature		Date	