

Queen's Road Medical Practice

POLICIES PROCEDURES AND PROTOCOLS

FORMAL COMPLAINT

Complainant's details

Name

Address

.....

Contact Tel. No.

Patient's details (if different from above)

Date of birth

Name

Address

Summary of complaint (i.e. what is it that you most wish to complain about?)

Full details of complaint

Date Time Place

Identify member(s) of Practice

Full description of events

(i.e. the facts and surrounding circumstances giving rise to your complaint. Please use overleaf if necessary)

Complainant's signatureDate.....

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When the complainant is not the patient

I.....hereby authorise the above complaint to be made and I agree that members of the Practice staff may disclose (in so far as it is necessary to do so to answer the complaint) confidential information about me.

Patient's signature.....Date.....