

Portesham Surgery

COMPLAINT FORM

If you prefer not to use this form you can ask our Complaints Manager to make a note of your complaint at an interview. Using this form does, however, ensure that our investigation is about the matters you wish to raise and it provides an opportunity for you to put your thoughts in order.

Complainant's Name:

Address:

.....

Telephone Number:

Patient's Name (if different from above):

Address:

.....

Details of Complaint:

Date	Time	Place	Person(s) Involved
------	------	-------	--------------------

.....

Full description of events giving rise to your complaint:

.....

.....

.....

.....

.....

Where you are not the patient, it will speed our investigation if the patient gives consent below.

I hereby authorise the above complaint to be made

and I agree to the disclosure to of such information as is necessary to answer this complaint.

Patient's Signature: **Date:**