

COMPLAINTS FORM

1. Basic information	
Date of incident/event:	Date complaint form completed:
Name of surgery:	
2. Patient information	
Name and Address of patient:	Patient's telephone number:
	Date of birth of patient (to ensure we have the right person):
3. Only to be completed if person making complaint is not the patient: (Please note that we require signed consent from the patient to investigate on their behalf. When we have received the complaints form, we will send you a consent form to be signed by the patient.)	
Name and Address of person making complaint:	Complainant's telephone number:
	Relationship to patient:
4. Please provide an account of the incident(s) leading to the complaint being made:	

State the area you would like investigated:

What outcome do you wish from this complaint: