

# COMPLAINT FORM

**We are sorry that you are not satisfied with the service that you have received at your surgery. Please complete this form with as many details as possible about your complaint – we will respond to you as soon as possible and try to resolve the problem.**

## Your details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Usual GP: \_\_\_\_\_

## Patient's details (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Usual GP: \_\_\_\_\_

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

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Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**COMPLAINT FORM**  
**Patient Authority to Disclose Information**

**Where the complainant is not the patient:**

I \_\_\_\_\_ (name in block capitals please) authorise the complaint set out overleaf made on my behalf by

\_\_\_\_\_ (name in block capitals please) and I agree that the practice may disclose to that person / organisation (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them. This authorisation can be checked if necessary.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS. OUR SYSTEM MEETS NATIONAL CRITERIA.**

**OUR PRACTICE COMPLAINTS PROCEDURE LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM RECEPTION.**

**OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.**

**HELP US TO HELP YOU.**

## Action/Summary Sheet (Internal Use only)

<b>Complainant:</b>	_____
<b>Patient's GP:</b>	_____
<b>Patient</b> (if different):	_____
<b>Address:</b>	_____
	_____
	_____
	_____
<b>GP(s)/staff member(s) involved:</b>	_____

Date complaint received: \_\_\_\_\_ Date acknowledged: \_\_\_\_\_  
telephone/in person/letter

Brief details of complaint:

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Meeting held (date): \_\_\_\_\_

Letter of explanation sent (date): \_\_\_\_\_

Brief details of response:

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Investigation completed within 10 working days?      Yes/No

Reason why, if not: \_\_\_\_\_

Critical Incident No: \_\_\_\_\_