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**COMPLAINTS FORM**

**PERSONAL DETAILS**

NAME .....

ADDRESS.....

TELEPHONE NO. ....

**PATIENTS DETAILS (if different from above)**

NAME .....

ADDRESS .....

DATE OF BIRTH .....

**DETAILS OF COMPLAINT**

DATE ..... TIME ..... PLACE .....

MEMBERS OF THE PRACTICE INVOLVED WITH THE COMPLAINT:

.....

**SUMMARY OF COMPLAINT**

COMPLAINANT'S SIGNATURE ..... DATE .....

WHERE 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 NECESSARY) CONFIDENTIAL INFORMATION ABOUT ME WHICH I PROVIDED TO THEM.

PATIENT'S SIGNATURE ..... DATE .....

Encl. Complaints Procedure.