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**PATIENT COMPLAINT FORM**

Please note that we can only investigate issues with patient consent. If you are completing this form on behalf of an adult, we require their consent to proceed.

**Your Details (Complainant)**

Name:

DOB:

Address:

Contact Number:

Date Form Completed:

**Date of complaint:**

**Summary of Complaint**
Please describe the events leading to your complaint to help us understand your experience

Please tell us (in your own words) why you think these events occurred?

**Have you experienced this issue before?**
…either at this surgery or at another healthcare provider. Please provide details if it was previously resolved.

**Can you help us understand what you think should have happened?**

**Please tell us what you want to achieve from this complaint?**

Common outcomes from complaints include improving our service through training, saying sorry when we have made a mistake, addressing a communication problem or exploring the issues with you in more detail.

**Next steps and what you can expect from us**

We would like to review this information as part of our ongoing commitment to improving our services and sharing with our wider team if appropriate as part of our learning and development. We would hope to reach a positive outcome for you and the practice and ensure that our systems are as effective as we can make them.

If you are completing this for somebody else, please print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third Party Consent**

If you are complaining on behalf of a patient or your complaint/enquiry involves the medical care of a patient, then the consent of the patient will be required. Please obtain the patients signed consent below.

I fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish for this person to complain on my behalf.

Please sign to indicate your consent (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                               (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see our complains leaflet for further information.