



## Complaints Form

### Complainant's Details

Name .....

Address .....

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Contact Number .....

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

Name .....

Address .....

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Date of Birth ..... Contact Number .....

### Summary of Complaint

Date ..... Time .....

Surgery .....

Staff Involved .....

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Please Turn Over

Please give full description of events (the facts and surrounding circumstances giving rise to your complaint). Please continue on a separate sheet if necessary.

**Complaint**

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Complainant's signature ..... Print Name .....

Date .....

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

I ..... (Print Name) hereby authorise the above complaint to be made and I agree that members of the Practice may disclose (in so far as necessary to answer the complaint) confidential information about me which I have provided to them.

Patient's signature ..... Date .....

Please Return This Form To:  
The Compliment and Complaints Department  
Windmill Surgery  
London Road  
Wymondham  
Norfolk  
NR18 0AF