



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