**CRANWICH ROAD SURGERY COMPLAINT FORM**

**Dear Practice Manager,**

**Complainant’s details**

Name………………………………………………… DOB …………………………

Address ………………………………………………………………………………………

Contact telephone number ……………………………………………………….

**Patient’s details** (if different from above)

Name ……………………………………………………..…DOB ………………………..

Address ………………………………………………………………………………………

Contact telephone number…………………………………………………………………

**SUMMARY OF COMPLAINT** (i.e. what is it that you wish to complain about?)

**Full details of the complaint**

Date…………………………………...Time……………………………………….

Member(s) of practice involved ……………………………………………………………………………………...

**Full description of events** (i.e. the facts and surrounding circumstances giving rise to your complaint)

**Complainant’s signature** …………………………………………………………. Date………………………………………

Where the complainant is not the patient

I ………………………………………………hereby authorise the above complaint to be made. I also agree to disclose confidential medical information about me to the person named below. This information should only be in relation to the complaint.

…………………………………………………………… (Name of person representing me)

Patient’s signature …………………………………………………… Date ……………………