

# **ADDISON HOUSE SURGERY, HARLOW COMPLAINTS FORM**

## **Complainant's details**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Patient's details (if different from above)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Usual Practitioner** \_\_\_\_\_

**Details of complaint (Including date(s) of events and persons involved)**

**Complainant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **COMPLAINTS FORM (CONTINUED)**

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

I \_\_\_\_\_ authorise the complaint set out overleaf to be made on my behalf by \_\_\_\_\_ and I agree that the practice may disclose to \_\_\_\_\_ (only in so far as necessary to answer the complaint) confidential information about me which I have provided to them.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_