COCKFOSTERS MEDICAL CENTRE

COMPLAINT FORM

Patients Full
Name:………………………………………………………………………………………………………

Date of Birth:……………… Contact No:………………………………………..

Address:………………………………………………………………………………………………………
……………………………………………………………………………………………………..

Complaint details: (Include dates, times, and names of practice personnel, if known)

SIGNED…………………………… Date:………………………..

Print name…………………………(Continue overleaf if necessary)

PATIENT THIRD-PARTY CONSENT

Patients Name: ____
Telephone number: ____
Address: ____
____

Enquirer / Complainant Name:______________________________________

Telephone Number: ____

Address: ____
____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S 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, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until…………………….. (insert date)

Signed: ………………………………………. (Patient only)

Date: …………………………………………..

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 20 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again. You will receive a final letter setting out the result of any practice investigations.

Notes: *Please hand over the completed form to the reception or send it to us by post. Complaint forms cannot be submitted through our website or by email.*