HOLBORN MEDICAL CENTRE COMPLAINT FORM

Please see our Complaints leaflet for details of our Complaints Procedure

|  |  |
| --- | --- |
| Patient Full Name: |  |
| Date of Birth: |  |
| Address: |  |
| Complaint details | |
| Date & time |  |
| Person involved |  |
| Notes  *please continue on another sheet if necessary* | |
|  | |
| Signed: |  |
| Dated: |  |

|  |  |  |
| --- | --- | --- |
| Patient Third-Party Consent | | |
| Patient’s Name: | |  |
| Patient’s telephone number: | |  |
| Patient’s Address: | |  |
| Name of Enquirer/Complainant: | |  |
| Complainant’s telephone number: | |  |
| Complainant’s 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 form.* | | |
|  | “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 only, 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 the date below” | |
| Valid until: | |  |
| Signed:  *(Patient only)* | |  |
| Date: | |  |