Annex D – Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Date of Birth:	
Address			
Post Code		Telephone	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

SECTION 3: PATIENT RECEIPT / ACKNOWLEDGEMENT

Complaint Receipt Acknowledgement

Thank you for submitting your complaint to Bancroft Medical Centre.
We confirm that your complaint has been received on:

Date received: _____

Your complaint will be reviewed and investigated in accordance with the NHS Complaints Procedure. We aim to provide a full response as soon as possible and will contact you if we require any further information. Depending on the complexity of the issues raised, our investigation may take up to 40 working days.

Received by: _____

Patient Signature: _____

Date: _____

Alternatively, if completing the form in person, you could include a simple tear-off section:

Complaint Receipt Acknowledgement (PATIENT COPY)

Patient Name: _____

Date Complaint Received: _____

Received By: _____

This receipt confirms that Bancroft Medical Centre has received your complaint and will investigate the matters raised in line with the NHS Complaints Procedure.

Patient Signature: _____ Date: _____

Annex E – Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act 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 ……./……./…….

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	