Lambeth Walk Group Practice

Complaint Form

Complainant's Details

Name: _____

Address: _____

_____

_____ **Post code**: _____

Home Tel: _____

Patients Details

Surname: _____ **Title**: _____

Forename: _____

Date of Birth: _____ **Sex: M/F**

Address: _____

_____

_____ **Post code:** _____

Home Tel: _____ **Mobile:** _____

GP: _____

Details of Complaint (including date (s) of events and person involved)
Please continue on separate sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

Where the Complainant is NOT the patient:

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

Patients's Signature: _____ **Date:** _____

For Practice USE Only:

First contact made by: Phone ( ) In Person ( ) Letter ( )

Received on Date: _____ **Received by:** _____

ACTION TAKEN

Date of 1st response:

Date(s) of subsequent responses:

Complaint finalised/concluded: Yes ( ) No ( ) Date:

Please return this form to: Mrs Sarah Cross, Practice Manager