We are sorry that you are not satisfied with the service that you have received at our practice.

Please complete this form with as many details as possible about your complaint – we will respond to you within five working days to acknowledge your complaint and resolve this within 30 working days. Please indicate in the body of the complaint a preferred method of communication – eg phone discussion/writing. You can email to [SDERCCG.C81042-reception@nhs.net](mailto:SDERCCG.C81042-reception@nhs.net) for the attention of the Practice Manager, or drop the form in person. Please note for consent, we need paper copies.

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| Your Details | | |
| Name: | | |
| Current address: | | |
| Post Code: | Tel No: | Mobile No: |
| Date of Birth: | Usual GP: | |
| Patient Details (if different from above) | | |
| Name: | | |
| Current address: | | |
| Post Code: | Tel No: | Mobile No: |
| Date of Birth: | Usual GP: | |
| Details of Complaint (including date(s) of events and person(s) involved) | | |
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| *(Please continue overleaf)* | | |

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| Details of Complaint Continued |
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| *(Please continue on separate sheet where necessary and please remember to sign and date each sheet)* |

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| Complainants Signature: | Date: |

PATIENT THIRD PARTY CONSENT FORM

Where the complainant is not the patient:

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name in block capitals please) authorise the complaints set out and made on my behalf by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name in block capitals please) and agree that the practice may disclose to that person / organisation (only in so far as is necessary to answer the complaint) confidential information about me which I provide to them. This authorisation can be checked if necessary. | |
| Patient’s Signature: | Date: |
| Name and Current Address: | |

WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS. OUR SYSTEM MEETS NATIONAL CRITERIA.

OUR PRACTICE COMPLAINTS LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM RECEPTION.

OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.

HELP US TO HELP YOU.