



## Complaint Form

### Part A: Patient's Details

Patient Name:

Address:

Telephone No:

### If you are complaining on behalf of someone else:

Your Name:

Your relationship to the patient:

Is the patient aware you are complaining on his / her behalf?

### If someone is representing you (eg. solicitor / advocate):

Name of your representative

Organisation:

Postal address:

Telephone no:

Is your complaint about:  person  process  service  (please tick)

### Part B: What happened?

*Describe the event that you want us to know about. Please give all dates and other details that you can remember.*

**What happened?**

**Where did it happen?**

**Date:**

**Time:**

**Did anyone witness what happened?**



What would you like to happen as a result of this complaint?

**Part C: Further Information**

Have you tried to resolve your complaint in any other way? *(eg: by obtaining a second medical opinion)*. If so, please give details.

**Any further comment / details?**

Signed: .....

Date: .....