Newbold Surgery - Complaint Form

We make every effort to provide the best possible service. If you have a concern, please let us know. We will listen to and try to resolve issues quickly and ensure your feedback is reviewed. Reception will take the details you provide and forward them to the appropriate member of the management team. Your concern will be reviewed, and you will receive a response or call back where appropriate.
If you are making a formal complaint, we will acknowledge it within three working days. We aim to resolve concerns fairly while maintaining safe services.

Please complete the form below and return it to a member of the Reception Team, marked for the attention of the Practice Manager. If you need help completing the form, please ask a member of staff.

Name	
Address	
Contact telephone number	
Email address	
Preferred contact method	Telephone / Email / Letter
Date of incident or concern	
Staff involved, if known	
Details of your concern or complaint (Please include what happened and any relevant details. Use a separate sheet if you need more space.)	

What outcome are you seeking?	
Date submitted	
Signature	
For practice use: received	
For practice use: acknowledged	

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

Patient's name: _____
Telephone number: _____
Address: _____
_____

Enquirer/complainant name: _____

Relationship to patient: _____

Telephone number: _____

Address: _____
_____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT INVOLVES THE MEDICAL CARE OF A PATIENT, THE CONSENT OF THAT PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW PRIOR TO SUBMITTING YOUR COMPLAINT.

I consent to Newbold Surgery releasing information and discussing my care and medical records with the person named above.

This authority is for:
an indefinite period/always □ for a limited period only □

Where a limited period applies, this authority is only valid until …….. (please insert date)

Signed ……. (Patient)

Date……..