QUEENS AVENUE SURGERY

COMPLAINT FORM

To make a formal complaint, please complete the form below, sign and hand to reception or send to:

The Practice Manager

Queens Avenue Surgery

14 Queens Avenue

Dorchester

Dorset

DT1 2EW.

Patient Full Name: Click here to enter text.

Date of Birth: Click or tap to enter a date.

Address: Click here to enter text.

Complaint details: (Include dates, times, and names of practice personnel, if known):

Click here to enter text.

Signed: ………………………………………….

Date: …………………………………………….

QUEENS AVENUE SURGERY

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: Click here to enter text.

TELEPHONE NUMBER: Click here to enter text.

ADDRESS: Click here to enter text.

ENQUIRER / COMPLAINANT NAME: Click here to enter text.

TELEPHONE NUMBER: Click here to enter text.

ADDRESS: Click here to enter text.

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain 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 Click here to enter a date. (insert date)

Signed: ………………………………………. (Patient only)

Date: …………………………………………..