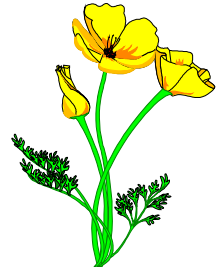


Mendip Country Practice

Dr Piers Jennings, GMC 3129298
Dr Helen Musgrove, GMC 4107080
Dr Rebecca Duffy, GMC 3459755
Dr Tom While, GMC 6156644
Dr Emma Keane, GMC 6154180

Sr Beth Evans, Specialist Nurse Practitioner
Sr Leah Carpenter, Practice Nurse
Mrs Ruth Woodland Practice Manager



COMPLAINTS FORM

Complainant's Details

Name..... Tel No.

Address

Patient's Details (if different from above)

Name..... Tel No.

Address

If raising a complaint on behalf of someone - you require their permission. Please ask them to sign to say they agree for you to discuss on their behalf

I.....(insert patient's Name) D.O.B..... give permission for
..... (Insert person's name acting on your behalf) to discuss my complaint
with Mendip Country Practice.

Signed.....(the patient) Dated.....

Summary of Complaint

(What is it you most wish to complain about?)

Full details of your complaint - please use next page.

Full Details of Complaint

Date Time.....

Place.....

Identify member(s) of the practice

.....

Description of Events

(The facts surrounding the circumstances giving rise to your complaint). Continue overleaf if necessary

Please forward your completed form to the surgery where it will be dealt with promptly.