

HAMILTON MEDICAL GROUP

COMPLAINT FORM

Date and time of complaint: _____

Patient's details

Name: _____ Date of Birth: _____

Address: _____

Tel. No: _____ Email address: _____

Usual Practitioner: _____

Complainant's details (where different from above)

Name: _____ Date of Birth: _____

Address: _____

Details of complaint (including date(s) of events and persons involved)

Complainant's signature: _____ Date: _____

COMPLAINT FORM (continued)

Where the complainant is not the patient:

I _____ authorise the complaint set out overleaf,
to be made on my behalf by _____ and I agree that
the Practice may disclose to _____ (only in
so far as is necessary to answer the complaint) confidential information about me,
which I provided to them.

Patient's signature: _____ **Date:** _____

Name and Address: _____

