**LADYWELL MEDICAL CENTRE EAST – PATIENT COMPLAINT FORM**

If you would like to **make a complaint** about the service that you have received at the Practice you can do so in writing, by telephone or face to face. Please see our Patient Complaint Leaflet for further information. You can complete this form if you would prefer.

This form allows you to provide all the information you need to and will form part of the formal complaints process. Information on this form can help us:

* Demonstrate to people who use our services that we listen and act on their feedback and comments.
* Identify service areas that require change or improvement.

If you are not the patient and are providing information on or behalf of someone else, we will need to obtain their consent so that we can act on this information. Please ask the patient to sign this form before submitting it to the practice.

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| **Date of incident:** | **Are you the patient: Yes / No** |
| **Patient name:** | **Patient DOB:** |
| **Name of person making complaint (if not patient):** | **Relationship to patient (if not patient):** |
| **Contact telephone number of complainant:** | **Patient consent signature:** |
| **Description of the complaint you are making:** |