COMPLAINT FORM

YOUR COMPLAINT

Give the date(s) of, when the incident(s) to which you are complaining about happened.

……..

Please give us details about your complaint.

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(Continue on a separate sheet if necessary)

YOUR DETAILS

Name:

……..

Date of Birth:

……..

Contact Number/s:

……..

Address:

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……..

……..

ARE YOU COMPLAINING ON BEHALF OF SOMEONE ELSE?:

Yes No

IS YES, PLEASE FILL IN THE FOLLOWING:

Name: ……

Date of Birth: …….. Contact Number/s: ……..

Address:

……..

……..

IF YOU ARE COMPLAINING ON BEHALF OF SOMEONE ELSE, PLEASE ASK THEM TO COMPLETE THE SECTION BELOW GIVING THEIR CONSENT FOR YOU TO ACT ON THEIR BEHALF.

PATIENT CONSENT

I confirm that I wish ……..…….. to act on my behalf and to receive all information relevant to my complaints. I understand that information from my health records may need to be disclosed to those involved in dealing with the complaint.

SIGNATURE…… **DATE** ……..