

# Complaint form for The Orchard Surgery

**Name:**

**Address:**

**Patients details (if different from above):**

**Name:**

**Address:**

**Date of Birth:**

**Usual Doctor:**

**Details of complaint (including dates of events and persons involved)**

Please continue overleaf if necessary.

**Complainant's signature.....**

**Date.....**

**Where the complainant is not the patient:-**

I.....authorise the complaint set out 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 & Address.....

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