

## Complaint Form CP1

### Complainant's Details

Name	_____
Address	_____
Telephone No.	_____
Date of Birth	_____

### Patient's Details (where different from above)

Name	_____
Address	_____
Telephone No.	_____
Date of Birth	_____

### Complaint against

Name	_____
Job Title	_____

### Details of Complaint

Date of incident	_____
Time of incident	_____
Place of incident	_____
Names of staff involved in incident	_____
	_____

Complainant's signature	_____
Date	_____

**Full description of events (i.e. facts and other circumstances giving rise to your complaint)**

Where the complainant is not the patient the following should be completed:

I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_  
hereby authorise \_\_\_\_\_  
\_\_\_\_\_

to make a complaint on my behalf and I agree that members of the practice staff may disclose (in so far as it is necessary to answer the complaint) confidential information about me which I have previously provided.

Patient's signature	_____
Date	_____

---

**FOR PRACTICE USE ONLY**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_