

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from any members of our team here at Parsonage Surgery, please let us know.

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If this is not possible, please complete the below complaint form and view our 'complaints process leaflet' for further guidance.

Complainants Name:		
D.O.B. / NHS No		
Address:		
Contact Details:	Tel:	
	Email:	
Are you making this complaint on your own behalf: <i>Please note: If you are making a complaint on behalf of a third party, please also complete a third party patient complaint form, available from reception / website.</i>	YES / NO	
Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.		
Please state what you would like to see happen as a result of this complaint		
Date:		
Complainant signature:		
Office Use Only (reception to complete & forward to Complaints Manager)		
Date Received:	Received By:	
Passed To:		