

## **THIRD PARTY COMPLAINT FORM**

*Please complete this form along with our Patient Complaint Form, this will ensure we have your authorisation to investigate a complaint and liaise with your representative.*

|  |   |
|--|---|
| <b>Patients Name:</b>  |   |
| <b>D.O.B. / NHS No</b>   |   |
| <b>Address:</b>  |   |
| <b>Contact Details:</b>  | Tel:<br>Email:  |
| <b>Third Party Name:</b>   |   |
| <b>D.O.B.</b>  |   |
| <b>Address:</b>  |   |
| <b>Contact Details:</b>  | Tel:<br>Email:  |
| <b>Declaration:</b>  | <p>I hereby authorise the individual detailed in 'Third Party Name' section to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.</p> <p>This authority is for an indefinite period / for a limited period only*.</p> <p>Where a limited period applies, this authority is valid until<br/>           ...../...../..... (insert date) <b>(*Delete as necessary)</b></p> |
| <b>Date:</b>   |   |
| <b>Patients signature:</b>   |   |
|  |   |
| <b>Office Use Only (reception to review &amp; forward to Complaints Manager)</b> |   |
| Date Received:   | Received By:  |
| Passed To:   |   |