**Wyke Regis & Lanehouse Medical Practice**

**Consent Complaint Form**

If you are making a complaint on behalf of another patient, we do need written consent from the patient before we can discuss the complaint with you.

Please can you complete the form and return to the surgery this can either be by hand or via email wykeregis.postmaster@dorsetgp.nhs.uk

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| --- |
| **Complainant’s Details** |
| First Name |  |
| Surname  |  |
| Address |  |
| Telephone Number |  |
| **Patients details if different from above** (Please note, written consent is required when making a complaint on behalf of a patient) |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone Number |  |
| Relationship to patient |  |
| Patient’s signature |  |
| Date |  |
| **Details of complaint** (Please include date of incident)  |
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