**Wyke Regis & Lanehouse Medical Practice**

**Complaint Form**

This form should be completed and returned to the Reception Manager, by hand or via email wykeregis.postmaster@dorsetgp.nhs.uk

|  |
| --- |
| **Complainant’s Details** |
| First Name |  |
| Surname  |  |
| Address |  |
| Telephone Number |  |
| Registered Doctor  |  |
| **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 |  |
| Registered Doctor  |  |
| Relationship to patient |  |
| **Details of complaint** (Please include date of incident)  |
|  |
| Patient’s Signature  |  |
| Date  |   |