**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

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| --- | --- |
| **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 |  |