

# BOTESDALE HEALTH CENTRE

## COMPLAINT FORM

We are sorry that you are not satisfied with the service that you have received at Botesdale Health Centre. Please complete this form with as many details as possible about your complaint. We will respond to you as soon as possible and try to resolve the problem.

### Your details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Usual GP: \_\_\_\_\_

### Patient's details (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Usual GP: \_\_\_\_\_

**Details of complaint (including date(s) of event(s) and persons involved)**

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**Complainant's signature:**\_\_\_\_\_ **Date:**

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## Patient Third Party Consent Form

Where the complainant is not the patient:

I \_\_\_\_\_ (name in block capitals please) authorise the complaint set out overleaf made on my behalf by

\_\_\_\_\_ (name in block capitals please) and I agree that the practice may disclose to that person / organisation (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them. This authorisation can be checked if necessary.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## BOTESDALE HEALTH CENTRE

**WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS. OUR SYSTEM MEETS NATIONAL CRITERIA.**

**OUR PRACTICE COMPLAINTS LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM RECEPTION.**

**OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.**

**HELP US TO HELP YOU.**

**Action / Summary Sheet (Internal Use only)**

**Complainant:** \_\_\_\_\_

**Patient's GP:** \_\_\_\_\_

**Patient (if different):**  
\_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GP(s)/staff member(s) involved:**  
\_\_\_\_\_

**Date complaint received:** \_\_\_\_\_ **Date acknowledged:** \_\_\_\_\_  
**Telephone/in person/letter**

**Brief details of complaint:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Meeting held (date):** \_\_\_\_\_

**Letter of explanation sent (date):** \_\_\_\_\_

**Brief details of response:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigation completed within 10 working days? Yes/No**

**Reason why, if not:** \_\_\_\_\_