



Reviewed December 2025

Woodstock Bower COMPLAINT FORM

Draft just for notes will alter to fit when investigation takes place:

We are sorry that you are not satisfied with the service that you have received at Woodstock Bower Surgery. 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: _____

Complainant's signature: _____ Date: _____

Details of complaint (including date(s) of events and persons involved)

Keep a record of who you speak or write to, and on what date.

Included in your formal complaint should be the following:



Reviewed December 2025

- What happened and when

What you'd like to be done about this complaint:

Best way we can contact you

Signature

Date.....



Reviewed December 2025

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: _____

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.



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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: _____

Critical Incident No: _____