

- What or who you're complaining about
-

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.



Reviewed December 2025

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: _____