



Drs. Holden, Buckley, Cunliffe, Jacklin, Bush, Laly, Kershaw, Sylvester, Hobbs and James-Cattell

Liphook Village Surgery Complaint Form

Please send report marked: **PERSONAL IN CONFIDENCE**

To: Operations Manager Or: Doctor

Complainant's Details

Name:

Address:

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Preferred means of contact:

Contact Telephone Number:

Patient's Details (if different from above, see also Third Party Consent form below)

Name:

Address:

.....

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Contact Telephone Number:

Summary of Complaint (i.e. what is it you most wish to complain about?):

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Liphook Village Surgery, The Square, Liphook, Hampshire. GU30 7AQ.

Telephone: 01428 728270

Facsimile: 01428 728271

Website: www.liphookvillagesurgery.co.uk

Full Details of Complaint:

Date/time problem arose:

Date reported to Practice:

Place:

Identify member(s) of practice involved:

Full description of events (i.e. the facts surrounding circumstances giving rise to your complaint, please continue on a separate sheet if required):

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Complainant's signature.....

Date:.....

(If you are complaining on behalf of another patient please see next page)



Drs. Holden, Buckley, Cunliffe, Jacklin, Bush, Laly, Kershaw, Sylvester, Hobbs and James-Cattell

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER /
COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until (insert date)

Signed (Patient)

Date

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