



THE SWAN SURGERY

Caring for you, by knowing you.

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

## Swan Medical Group - Complaint Form

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

To: Operations Manager: .....Liphook/Petersfield

Or: Doctor: .....Liphook/Petersfield

### Complainant's Details

Name: .....

Address: .....

Preferred means of contact: .....

Contact Telephone Number/Email: .....

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

Name: .....

Address: .....

Contact Telephone Number/Email: .....

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

.....  
.....  
.....

**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)*



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## Third-Party Consent Form

PATIENT'S NAME: \_\_\_\_\_

TELEPHONE NUMBER/EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER/EMAIL: \_\_\_\_\_

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 .....