



01323 884334

www.thehormonecentre.com

Complaints form

Please send report marked: PERSONAL IN CONFIDENCE

To: Registered Manager Mrs Marie Foreman

Or: Dr Emma Sloan

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 overleaf)

Name:

Address:.....

Summary of complaint (what is it that you most want to complain about)?

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Date/time problem arose:.....

Date reported to the practice:.....

Place:.....

Identify member(s) involved:

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

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Complainants signature:.....

Date:.....

(see third party consent if you are complaining on someone's behalf)



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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
