



COMPLAINTS FORM - 3rd PARTY

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

The person named as the third party will need to provide proof of identity via presentation of a valid passport or photo card driving licence. Presentation of a birth certificate will be accepted, however for anyone with a change in name from the birth certificate further proof will be required.

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

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/...../.....
(Please specify date)

SECTION 4: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

FOR COMPLETION BY PRACTICE STAFF

SECTION 5: OUTCOME

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	