

Patient Complaint Form
(and third party authority form)

We are sorry that you are not satisfied with the service that you have received at The Grange Surgery. We recommend that you speak with our Practice Manager or Deputy Practice Manager to discuss the matter directly.

If, however, you would like to put your complaint in writing, please complete this form with as many details as possible about your complaint. Equally, feel free to submit your complaint on plain paper. We will respond to you in line with our published policy (available from Reception or from our website)

Name of Patient:	
Address:	
Telephone Number:	
Date of Birth:	

Date of Complaint:	
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Please provide details of your complaint below (please include dates, times and names of relevant practice personnel if known).

Please return your completed form in an envelope marked 'Private and Confidential' to:

The Practice Manager, The Grange Surgery, 41 York Road, Birkdale, Southport, PR8 2AD

or email: cmicb-ss.gp.n84024@nhs.net

Continuation if necessary

Third Party Authority Form (*only complete if applicable*)

If you are complaining on behalf of someone else, the complaint will need to be accompanied by a signed declaration from the patient.

I _____ (patient 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.

This authorisation can be checked if necessary.

Contact telephone number for third party: _____

Relationship to patient: _____

Signed: _____ (patient)

Date: _____