



Langport Surgery - Complaint Form

Patient Details	
Name:	Contact Number(s):
Address:	Email:
Complainant Details – if not the patient detailed above Please complete the consent form below	
Name:	Contact Number(s):
Address:	Email:
Consent Form	
<p>Where the complaint is not made by the patient concerned, the patient must complete this consent:</p> <p>I, authorise the complaint set out below to be made on my behalf by and I agree that the practice may disclose to this person confidential information about me which I provided to them.</p> <p>Patient's signature:</p> <p>Date:</p>	
Details of Complaint	
Please describe in detail and accurately the nature of your complaint	



Actions

Please outline what actions you feel could be taken to effectively resolve your complaint

How would you like us to respond to your complaint – by post by email

Signature

Date

Office use only:

Date complaint received:		Date acknowledgment sent:	
Complaint Lead:		Date response sent:	
Date of event:		Age of patient: 0-19 <input type="checkbox"/> 20-59 <input type="checkbox"/> 60 and above <input type="checkbox"/>	
Upheld status	Upheld <input type="checkbox"/> Partially upheld <input type="checkbox"/> Not upheld <input type="checkbox"/>		

Notes: