GRANGE PARK SURGERY
BURLEY IN WHARFEDALE

# PATIENT COMPLAINT FORM

Patient's Full Name:
Date of Birth:
Address:
Telephone:

Detail the complaint below, including dates, times, and names of practice personnel, if known.
Continue on a separate page where necessary.

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Print name _____

Signed _____

Date _____

Please return completed forms to: - **The Practice Manager, Grange Park Surgery**

**If you are making the complaint on behalf of someone else then that person has to sign this section. This gives us consent to discuss the complaint with you.**

I _____
(insert patient's name)

hereby authorise the above complaint to be made on my behalf and I agree that members of the Practice staff may disclose (in so far only as it is necessary to answer the complaint) confidential information about me which I provided to them

**Patient's signature:**

**Date:**