

Third Party Complaint Consent Form

Patients SurnameOther Names.....

Date of Birth.....

PATIENT (This part to be completed by the person the complaint is regarding)

I confirm that I have given my permission forto complain on my behalf.

SignatureDate/...../.....

Print Name

COMPLAINANT ON BEHALF OF PATIENT

1. Please read all the relevant leaflets, forms for making a complaint.
2. Please make sure the person you are complaining for has signed above unless under 16 years of age.

I am the parent/guardian/carer/relative/friend (delete as necessary)

- I agree * to fully express the wishes of the patient
- *to make sure the complaint is truthful and factual
- *to use the practice complaints procedure
- *be aware of to who the complaint can be escalated if dissatisfied with the practices procedures or outcome of the complaint.

Signature

Print Name

Address

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Tel Number: