FRESHWELL HEALTH CENTRE

COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS FORM

Your details	COMMENTS, COMPLIMENTS, CONCERNS OR COMPLAINTS
Name	
Address	
Contact Tel No.	
email address	

Patient's details (if different from above)

Name	
Address	
Date of Birth	

Full details of cor	nplaint
Date	
Time	
Identify members of practice	

Full	description	of	events	(i.e.	the	facts	and	surrounding	circumstances	giving
rise	to your com	pla	int)					_		

continued over

FEEDBACK

FRESHWELL HEALTH CENTRE

continued from p1	
Complainants	
signature	
Date	
Date	
Where the complainant	is NOT the patient - please complete and sign at 1 or 2
below -	
1.	
	I agree that members of the practice staff may disclose (in so
far only as it is necessary	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary about me which I provided	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary about me which I provided	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary about me which I provided Patient's Signature Date	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary about me which I provided Patient's Signature	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information
far only as it is necessary about me which I provided Patient's Signature Date 2.	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2.	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name)	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name) Patient's Signature	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name)	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name) Patient's Signature Date	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name) Patient's Signature	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.
far only as it is necessary about me which I provided Patient's Signature Date 2. I complaint to be made and far only as it is necessary about (patient's name) Patient's Signature Date Relationship to	I agree that members of the practice staff may disclose (in so to do so to answer the complaint) confidential information I them.

www.freshwell.co.uk