

Gloucester Road Medical Centre – Patient Problem Form

Patients are welcome to use this sheet to record details of their problem or complaint which will be forwarded to Judy Holbrook, Business Partner. We wish to reassure Patients that by making a complaint, this will not cause them to be discriminated against or have any negative effect on their care, treatment or support.

Complainant's details:

Name: _____

Address: _____

Patient's details (where different from above)

Please see Consent details overleaf

Name: _____

Address: _____

Date of Birth: _____ Usual Practitioner: _____

Details of complaint (including date(s) of events and persons involved)

Complainant's signature: _____ Date: _____

Where the complainant is not the patient:

I _____ authorise the complaint set out overleaf to be made on my behalf by _____ and I agree that the practice may disclose to _____ (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.

Patient's signature: _____ **Date:** _____

Name and address: _____

If it is not possible to obtain a signature, please provide the reason below:

