

The Central Surgery

Patient Complaint Form

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

How to complain

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible then your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You can complain verbally or in writing. You should address your complaint to the Practice Complaints Manager (you can use the attached form). They will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

Our full Complaints Leaflet should be issued to you, which explains our policy in dealing with complaints, and what you can do if you are not happy with our response.

Complaining on behalf of someone else

If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be required, please see the third party complaint form below. If the person you are representing is unable to give consent then you will be asked to provide proof of legal right to act on their behalf such as a Power of Attorney document. If the person you are representing is deceased then you will be asked to provide proof that you are their personal representative or legal executor of their will.

What we will do

We will acknowledge your complaint within 3 working days. When we look into your complaint, we will fully investigate the circumstances; make sure you receive an apology if this is appropriate and inform you of the steps taken to ensure any problem does not arise again. The timescale for our investigation and the notification period of our findings or outcome will very much depend upon the nature and complexity of your complaint but we do aim to keep you updated as our investigations progress if we encounter an issue that will significantly delay our response.

The Central Surgery

Complaint Form

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

Please list your concerns below to help us accurately investigate your concerns.

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-
-
-
-
-

SIGNED..... Print Name.....

The Central Surgery

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

Patient Name	
Telephone No.	
Address	

Complainant Name	
Complainant's Relationship to patient	
Telephone/Email	
Address	

Please confirm your preferred method of contact if we have any queries about your complaint

- ☐ I would like to receive communications by telephone
- ☐ I would like to receive communications by email
- ☐ I would like to receive communications by post

If you are complaining on behalf of a patient or your complaint involves the medical care of another person then the consent of the patient will be required.

Please obtain the patient's signed consent below.

I consent to The Central Surgery releasing my personal information and discussing my care and/or medical records, for the purpose of resolving this complaint, with my representative named above.

Patient signature _____ Date _____

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