



Sothall Medical Centre Complaints Form

Name of the person making the complaint:

Address:

Telephone Number:

Today's Date:

Email Address:

Is the complaint regarding yourself or are you making it on someone else's behalf? *

**Whenever possible complaints should come directly from the patient in question however if this is not possible and you are complaining on someone else's behalf please also complete the attached Third Party Consent form.*

In brief, describe the issue or issues that have led to this complaint and the date the issue occurred:

Has this occurred previously?

Please can you identify where the issues may have arisen? For example, did this happen because of communication issues within the surgery, a personality clash, or conflicting messages:

Are you looking for a specific outcome from this complaint? Common outcomes can often help us to improve our service, improve communication, identify training needs or you may wish for an apology where your experience has not been as you would have wished:

We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. Are you happy for us to review things going forward?

Sothall Medical Centre

Please return completed forms via email to Michaellyall@nhs.net or hand into reception

Patient Third Party Consent Form

Please only complete if you are making a complaint on someone else's behalf.

Patient Details:

Patients Full Name

Date of Birth

Address

Contact Details

Enquirer / Complainant Details:

Full Name

Relationship to Patient

Address

Contact Details

If you are complaining on behalf of a patient, then the consent of the patient is required. Please obtain the patients signed consent below.

I consent to Sothall Medical Centre discussing the following with the individual named on this form;

Please tick as appropriate

Consent Given

Matter relating to this complaint EXCLUDING any medical history

Matters relating to this case including past medical history

Any matter relating to my medical care / history

Signed:

Date:

Please note we reserve the right not to respond to third party complaints if we consider this not to be in the interest of the patients.

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