**ST GEORGES SURGERY**

**62 HASLINGDEN ROAD**

**BLACKBURN**

**BB2 3HS**

**TEL: 01254 584888**

**Complaint form**

This practice has a formal complaints procedure. In order to ensure that every complaint received fair and prompt attention, please complete the form below.

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| --- |
| **Complainant’s details** |
| **Name** |
| **Address** |
| **Telephone number** |
| **Patient’s details (where different from above)** |
| **Name** |
| **Address** |
| **Date of Birth** | **Usual GP** |

|  |
| --- |
| **Details of complaint (including date(s) of event(s) and persons involved)** |
| **Complainant’s signature** |
| **Date** |
| (If 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 information 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 |