Chapelgreen Practice

|  |  |
| --- | --- |
| Complaint Form – Your Details | |
| Full Name |  |
| DOB |  |
| Address &  Postcode |  |
| Tel No |  |
| Details of complaint, including dates and people involved | |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***If the complainant is not the patient****:*  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  authorise this complaint to be made on my behalf by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I affirmatively consent to the disclosure of pertinent information by the practice to effectively address the concerns outlined in the complaint.  It is understood that any information irrelevant to the complaint shall remain confidential and not be disclosed.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Complain via email:***  If you wish to complain via email, please email with all the details requested above to our Deputy Practice Manager, Mrs Jemma Dawson at [sheffield.chapelgreenreception@nhs.net](mailto:sheffield.chapelgreenreception@nhs.net).  **Please use this format in the subject line: COMPLAINT – NAME – DOB.** | |