Stratton Medical Centre
Hospital Road, Stratton, Bude, Cornwall. EX23 9BP
Tel: 01288 352133

COMPLAINTS FORM

We are sorry that you are not satisfied with the service that you have received from Stratton Medical Centre. Please complete this form with as much detail as possible about your experience to enable us to investigate your concerns.

Name: ……

Address: ……

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Postcode: …….. Contact Number: ……

Date of Birth: ……

Patient's Details (if different from above)

Name: ……

Address: ……

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Postcode: …….. Contact Number: ……

Date of Birth: ……

Details of the Complaint
Please include dates, people involved and the location:

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Stratton Medical Centre

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Signature: ……. Date: ……..

Stratton Medical Centre

PATIENT THIRD PARTY CONSENT FORM

I …… (name in block capitals please)

Authorise the complaint set out overleaf made on my behalf by ……..

…….. (name in block capitals please)

And I agree that Stratton Medical Centre may disclose to that person / organisation (only in so far as necessary to answer the complaint) confidential information about me which I provided to them. This authorisation can be checked if necessary.

Patient's Signature: …… Date: …….

Name (in block capitals): ……..

Address: ……

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Postcode: ……..

WE OPERATE A GROUP COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS. OUR SYSTEM MEETS NATIONAL CRITERIA. OUR GROUP COMPLAINTS LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS ALSO AVAILABLE VIA RECEPTION. OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR