complaint form



*To be completed by the service user or their representative (or an employee on their behalf)*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of complaint** |  | | **Date of incident** |  |
| **Complaint reference** | *for official use only* | | **Location of incident** |  |
| **Name of person making complaint** | **First name** |  | | |
| **Surname** |  | | |
| **Address of person making complaint** |  | | | |
| **Contact number** |  | | | |
| **Email address** |  | | | |
| **Preferred method of contact** | **Written** | *(please tick a box)* | | |
| **Telephone** | *(please tick a box)* | | |
| **Email** | *(please tick a box)* | | |
| **Details of complaint** | *Please comment in this space. Please use a separate sheet for any additional text.* | | | |
| **Desired outcome of complaint** | *Please comment in this space* | | | |

**Third Party Consent:**

If you are complaining on behalf of a patient, or your complaint or enquiry involves the medical care of a patient, then the consent of the patient is required. Please complete the patient details and obtain the patient’s signed consent as set out below.

|  |  |  |
| --- | --- | --- |
| **Patient’s Name** | **First name** |  |
| **Surname** |  |
| **Patient’s Address** |  | |
| **Contact number** |  | |
| **Date of Birth** |  | |

I fully consent to my Doctor and/or person handling this complaint to release the necessary information and discuss my care with my representative (complainant named above) in relation to this complaint only, and I wish this person to complain on my behalf.

|  |  |
| --- | --- |
| **Patient’s signature** |  |
| **Date** |  |

**Return your complaint by:**

Writing to: or:

**Patient Feedback**

OneMedical Group, **Email:** [PatientFeedback@onemedicalgroup.co.uk](mailto:PatientFeedback@onemedicalgroup.co.uk)

Bank Top Farm,

Black Hill Rd, **Telephone:** 0113 284 3158

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