**Bere Regis Surgery Complaints Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | Title  |  |
| Forname  |  | Address  |  |
| Date of birth  |  |
| Telephone number  |  | Postcode |  |

|  |  |  |
| --- | --- | --- |
| Are you a patient? | [ ] Yes | [ ] No |
| Is you complaint on behalf of a patient? (if so, please state patients details) |  |

**Complaint details:**

Please give full details of the complaint below including dates, locations and any names of any organisation staff (if known). Continue on a separate page if required.

|  |
| --- |
|  |

**Signature:**

|  |  |
| --- | --- |
| Print name |  |
| Signature  |  |
| Dates |  |

**PRACTICE USE ONLY:**

**Passed to management:**

|  |  |
| --- | --- |
| Complaint form given to: (staff name)  |  |
| Passed to: (Staff name)  |  |
| Date handed to management:  |  |

**Outcome:**

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