**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:**

|  |
| --- |
|  |