# Ellon Group Practice Complaint Form

## Patient Details

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| **Patient Name:** |  |
| **Patient Date of Birth:** |  |
| **Address:** |  |
| **Complainant Name,** |  |
| **Address &** |  |
| **Relationship to patient(if not patient themselves):** |  |
| **Contact Email Address** |  |
| **Contact Telephone:** |  |

## Summary Complaint Details

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| **Please summarise in one or two sentences issues that have led to this complaint:** |

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| **Did you express concern to a member of staff & if so to whom?:** |  |

**How do you wish to be notified for complaint response?**

**Email:  Telephone:  In writing:**

**If you are representing the patient please confirm that you have discussed this with them: Yes**

**Please note that the patient will be contacted directly to confirm consent given.**

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| **Patient Consent to discuss:** |  |

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| **Date:** |  |