

**THE ARUNDEL SURGERY  
COMPLAINT FORM**

**Complainant's Details**

Name.....

Address.....

.....

Contact Tel Number.....

**Patient's Details (if different from above)**

Name.....

Address.....

Date of Birth.....

**Summary of Complaint** (what is it that you wish to complain about?)

**Details of Complaint and Description of Events.**

Complainant's signature..... Date.....

**Where the complainant is not the patient.**

I..... hereby authorise the above complaint to be made and I agree that members of the practice team may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information with regard to this complaint.

Patient's signature..... Date.....