Statement of complaint form

Patient		Person Making Complaint	
Name:		**Name:**	
Address:		**Address:**	
Telephone No:		**Telephone No:**	
Ethnicity of Patient:			
Gender:			
Any relevant disabilities or religious beliefs			
Date of Birth:			
NATURE OF COMPLAINT:			
Surgery Site		**Department**	
Date of Incident if known		**Name of staff involved (if known)**	

Signed …… Dated ……

Please complete and return this form to:

Patient Engagment Officer
Valens Medical Partnership
C/o Lintonville Medical Group
Lintonville Terrace
Ashington
NE63 9UT

Summary of complaint:- *(please continue on a separate sheet if required)*

PATIENT AUTHORISATION FORM

Section A – Patient details

Surname		Forename(s)	
Address			
		Postcode	
Date of Birth		GP	
GP Address			
		Postcode	

Section B – Authorisation (to be completed as appropriate)

To be completed by the person named in Section A and the nominated person acting on that person's behalf.

I, _____ certify that I am the person named in Section A. I hereby give consent for _____ (Name of nominated person) to make a complaint on my behalf. I understand that this will involve information from my health records being disclosed.

Signed: …….. Date: ……

For the nominated person

I (insert name in BLOCK capitals) _____
Have consent from the person detailed in Section A to act on their behalf.

Signed: …….. date: ……

To be completed by person's next of kin/personal representative/executor

I (insert name in BLOCK capitals) _____ confirm that I am making a complaint on behalf of the person named in Section A, because:

☐ The person is under the age of 16;

☐ I am the next of kin/representative/executor of the deceased person named in Section A.*

☐ I have relevant nominated Power of Attorney for the person in Section A.*

(please tick as appropriate)

Signed: …… date: ……..

* please supply copy Grant of Representation (as issued by the Probate Registry) or power of attorney as appropriate

Please complete and return this form to:

Patient Engagment Officer
Valens Medical Partnership
C/o Lintonville Medical Group
Lintonville Terrace
Ashington
NE63 9UT