FIRSWAY HEALTH CENTRE

**Complaint Form**

**Patient Information:**  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
NHS Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complainant’s Details (if different from patient):**  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint Details:**  
Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Time of Incident (if applicable): \_\_\_\_\_\_\_\_\_\_\_  
Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Staff/Departments Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Complaint:**  
(Please provide a detailed account of your complaint, including relevant dates, names, and any supporting details. Attach additional pages if necessary.)

**Desired Outcome:**  
(Please specify what resolution or action you expect from this complaint.)

**Supporting Documents:**  
(Please list any supporting documents you are providing, e.g., letters, emails, reports.)

**Consent and Declaration:**  
I confirm that the information provided in this complaint is accurate to the best of my knowledge. I understand that my complaint will be handled according to the NHS and the practice Complaints Policy. If I am making this complaint on behalf of another person, I confirm that I have their consent to do so.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**  
Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Complaint Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_  
Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Acknowledgement Sent (Date): \_\_\_\_\_\_\_\_\_\_\_  
Investigator Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Resolution Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Final Response Sent (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Steps:**  
(Office use only for notes on actions taken and resolutions provided.)