**Complaint Form**

Please send report marked: **CONFIDENTIAL**

To: Manager: ……………………………………….……………………………………………………….

**Details of Individual making Complaint:**

Name: ………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………

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Preferred mode of contact: ….………………………………………………………………………………………….…………………………

Contact Telephone Number/Email: ………………………………………….……………………………………….……………………………………

**Patient’s Details** (if different from above, see also Third-Party Consent form below)

Name: …………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………

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Contact Telephone Number/Email: …………………………………………………….…………………………….……………………………………

**Complaint in Brief** (a quick overview of the issue)

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**Full Details of Complaint:**

Date/time problem arose: ……………………………………………………………………………………….………………………………

Date reported to Consultdoc: …………………………………………………………………………………………………………………………

Location if relevant of where problem occurred: ………………………………………………………………………………………………………….…………….

Staff involved if relevant: …………………………………………………………………………………………………………………………

Full details of problem including specifics if relevant of different issues contributing to complaint: …………………………………………………………………………………………………………………..…………………...………………………………………………………………………………………………………..

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**Signature: ……………………………………………………………………………………………**

**Date: …………………………….**

*(If you are complaining on behalf of another patient please see next page)*

**CONSULTDOC - CONSENT FORM**

I confirm that I accept that Consultdocwill process my complaint and that Consultdoc will only forward a copy of my complaint to organisation(s) for direct investigation after gaining consent from me. I also confirm that I accept that a copy of all correspondence will be held by Consultdoc.

I consent, to the release of my health records to the Consultdoc and understand that the information obtained will be used to assist in the investigation of my complaint. Confidential information can and may be shared with the following organisations:

* The Complainants GP Practice

**Complainants name:**

**Complainants address:**

**Complainants Contact Telephone Number/email address:**

**Relationship to patient:**

(if not patient completing this form)

**Patients name:**

**Patients address:**

**Patients Contact telephone Number/email address:**

**Signature:**

(Typed is satisfactory)

**Date:**

In order for us to process a complaint whether you are the patient or writing on behalf of the patient, we will need consent to be able to access the person’s medical record. All personal data you supply is stored on a secure server with limited, authorised access. We will not, under any circumstances (unless required by law), share your details with any other person or organisation except where related to your complaint. Consent can be withdrawn at any time. Please let us know at the postal address or email address below if you wish to withdraw your consent at any time.

Please check this box if you wish to receive further communications from us not directly concerned with your complaint or any subsequent issues, including follow-up satisfaction surveys.

Any information is retained in accordance with the Consultdoc’s retention schedule and Department of Health guidance.

**Please complete and return this form within the next fourteen days to:**

**Email:** **info@consultdoc.co.uk**

**Name and Address:**

**Manager**

Consultdoc Limited

5th Floor

167-169 Great Portland Street

London, W1W 5PF