

## Complaint Form

Please complete the following form fully and accurately. This will enable the practice to investigate your concern in as much detail as possible.

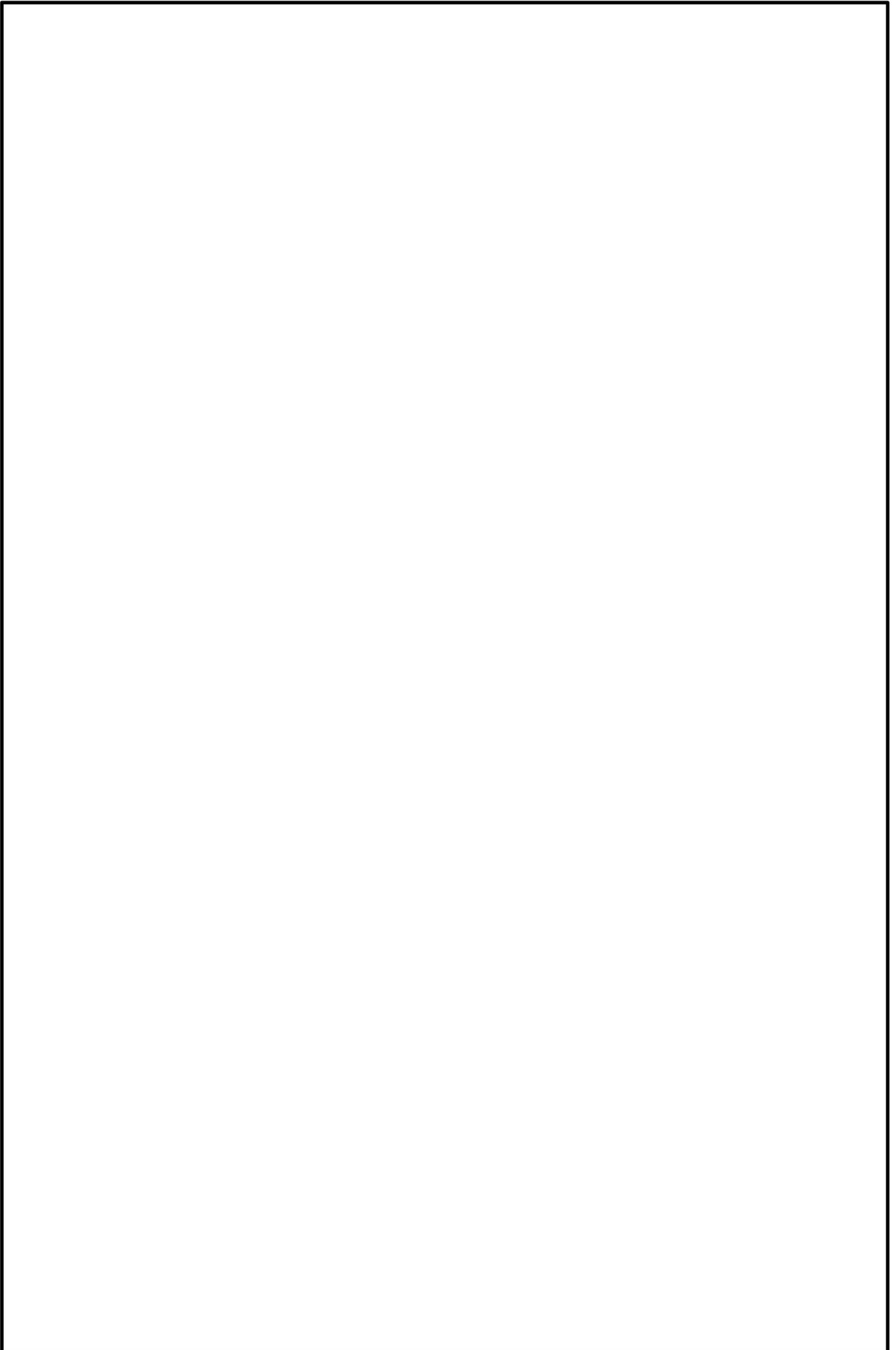
Does your complaint relate to one of the following:

- Treatment received at the surgery
- Communication with the Reception and/or Administrative team
- Other

If you have selected Other, please briefly detail what circumstance led to your initial engagement with the surgery:

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In the box below please detail as accurately as possible your concerns and the circumstances that have led to the complaint being made:



Thank you for taking the time to inform us of your concerns. What would you like the outcome to be following the surgery's investigation?

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**Patient Disclaimer:**

**I confirm that all information I have provided on this form is, to the best of my knowledge, accurate and truthful. I understand that once this form has been submitted to the Practice Manager of Woodbrook Medical Centre an internal investigation will take place. I understand that I may not be contacted immediately whilst any investigation is taking place, but that I should hear no later than 28 days after the date of submitting this form. I understand that should any investigation require longer than the standard 28 day timeframe that I shall be duly informed.**

Patient Name: .....

Patient Signature: .....

Date: .....

Please provide the best telephone number for the surgery to contact you on:

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