

**3W Health Complaints Form**

**Patient Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Full Address of Patient:** Click or tap here to enter text.

**Preferred Method of Contact:** Choose an item.

**Your Email Address:** Click or tap here to enter text.

**Date of the Event:** Click or tap to enter a date.

**Please describe the service or provide the Practice Team member’s name to which the complaint relates (if known)** Click or tap here to enter text.

**If you do not know the name of the member of staff, please indicate their role type:**

Choose an item.

Click or tap here to enter text.

**Please indicate where the event took place.**

Choose an item.

Click or tap here to enter text.

**If Surgery, please confirm**

Choose an item.

**Please provide as much detail as possible about the event.**

Click or tap here to enter text.

**What would you like the outcome to be?**

Click or tap here to enter text.

**I confirm I have read and understood the Complaints Procedure**

[ ]  **Confirm**

**If you are not the patient have you obtained their consent to act on their behalf?**

Choose an item.

**I authorise the Practice to disclose information from my medical records to whoever may be appropriate in relation to this complaint limited to the time required to resolve the complaint.**

Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Thank you for your valued feedback.**

**Please save your completed document then send it to our Complaints manager** **here****.**