

COMPLAINANT DETAILS FORM

BURNLEY GROUP PRACTICE
St Peter's Centre, Church Street, Burnley, Lancs BB11 2DL

Complainant Name:

DOB

Address:

Telephone number

Patient details (if different from above)

Name:

Tel:

Address:

Date of Birth:

Has the patient's consent been obtained for the investigation of the complaint?

YES/NO

Date:

Complaint details including dates, times and names of practice personnel (if known)

Procedure explained to complainant YES/NO

Information Leaflet for Complainant issued YES/NO

Details confirmed as correct:

Complainant Name:

Signature:

Date

Contact Person Name:

Signature:

Date