**Complaints Form**

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| Name |  |
| Address |  |
| Tel Number |  |
| Email |  |

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| Are you complaining on behalf of someone else? (If yes, they will be asked to complete a third party consent form). |
| When did the problem you want to complain about happen? |
| Please describe in one or two sentences the issues that have led to this complaint? This will help us understand the key problems that you have experienced. |
| Has this issue occurred previously? |
| Please can you identify where the issue may have arisen.  For example was it a result of conflicting messages, a personality conflict, or a problem with communication in the surgery |
| Are you looking for a specific outcome for this complaint?  Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, as well as acknowledging and apologising where your experience has not been as you had wished. |
| We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. Are you happy for us to review your complaint at one of our surgery meetings? |
| We will provide you with a telephone response to your complaint, if this is not suitable then please let us know how you would prefer to be contacted. |