



Patient Complaint Form

We are sorry that you are not satisfied with the service that you have received at Ainsdale Village Surgery.

If you would like to put your complaint in writing, please complete this form with as many details as possible about your complaint. Equally, feel free to submit your complaint on plain paper. We will respond to you in line with our published policy (available from Reception or our website)

Name of Patient:	
Address:	
Telephone Number:	
Date of Birth:	

Date of Complaint:	
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Please provide details of your complaint below.

Send your form to The Practice Manager, Ainsdale Village Surgery, 2 Leamington Road, PR83RB.



Patient Complaint Form

Continuation if necessary

If you are complaining on behalf of someone else, then the complaint will need to be accompanied by the following signed declaration from the patient.

I _____ (name in block capitals please) authorise the complaint set out and made on my behalf by _____ (name in block capitals please) and I agree that the practice may disclose to that person / organisation (only in so far as is necessary to answer the complaint) confidential information about me.

This authorisation can be checked if necessary.

Contact telephone number for third party: _____

Relationship to patient: _____