THE ADAM PRACTICE

PATIENT COMPLAINT - CONSENT FORM

Patient Name	
Telephone Number	
Email Address	
Address	
Signature: ***(Please Note: by signing you are giving consent to the practice to review your medical records where required in order to carry out a thorough investigation into your concerns)***	

If you are complaining on behalf of a patient then please give your details below. Please note: the consent of the patient will be required. Please obtain the patient's signed consent, see Appendix A**.**

Complainant Name	
Complainant's Relationship to patient	
Telephone Number	
Email Address	
Address	
Signature	

Please confirm your consent to one or more of the following;

☐ **I would like to receive communications by email**

☐ **I would like to receive communications by telephone**

☐ **I would like to receive communications by mobile phone including text message**

☐ **I would like to receive communications by post**

You can grant consent to all the purposes of use, some of them, or none.
Where a patient does not grant consent then the Practice will not be able to use their personal data**,** except in certain limited situations, e.g. where required to do so by law, or to protect the public from serious harm.

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Details of Complaint

Date problem occurred	
Date problem reported	
Surgery Involved	
Details of Complaint (Please continue on a separate sheet if necessary)	

Please send report marked "**PERSONAL IN CONFIDENCE**" to Practice Complaints Manager:

Miss Nell Montague-Rendall
Service Delivery Manager, The Adam Practice
306 Blandford Road, Hamworthy
Poole, BH15 4JQ

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Appendix A - Patient Explicit Consent:

I, ……fully consent to The Adam Practice discussing my care and medical records with the person named above.

This authority is for an indefinite period / for a limited period only (*delete as appropriate*)

Where a limited period applies, this authority is valid until _____ (*insert date*)

Signed _____ (*Patient*) Date _____

For Practice Use only;

Date complaint received	
Date Acknowledgement Letter sent	
Date investigation letter sent\meeting held	
Date resolved	