

168 Locking Road | Weston super Mare | BS23 3HQ

01934 628118 / 624242

bnssg.168enquiries@nhs.net

Patient Complaint Form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

If you are complaining on behalf of someone else please complete this section:

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	
Relationship to Patient			

Partner GPs

Dr C Clarke, Dr J Heather, Dr N Friend, Dr K Fretwell, Dr M Alam, Dr K Haggerty, Dr J Wadey, Dr R Potts

Salaried GPs

Dr E Boulton, Dr A Byrne, Dr C Lim, Dr J Haley, Dr S Smith, Dr C Cottrell, Dr H Paris, Dr C Scott, Dr S Egas-Kitchener



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SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.

SECTION 3: SIGNATURE

Surname & initials		Title	
Signature		Date	



www.168medical.co.uk

Member of Pier Health Group
www.PierHealth.co.uk

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SECTION 4: THIRD PARTY DECLARATION

If someone has complained on your behalf please complete this section:

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*.

Where a limited period applies, this authority is valid until/...../..... (insert date).

(*Delete as necessary)

SECTION 4: PATIENT SIGNATURE

Surname & initials		Title	
Signature		Date	



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