

Version	Date Published	Review Status
3.0	July 2016	August 2017



## PATIENT COMPLAINT FORM

Patient's Full Name:

Date of Birth:

Address:

Telephone:

Detail the complaint below, including dates, times, and names of practice personnel, if known. Continue on a separate page where necessary.

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Print name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return completed forms to your practice.

**Clarence Park Surgery, 13 Clarence Road East, Weston-super-Mare BS23 4BP    Tel: 01934 415080**  
**Graham Rd Surgery, 22 Graham Rd, Weston-super-Mare BS23 1YA            Tel: 01934 628111**  
**Locality Health Centre, 68 Lonsdale Ave, Weston-super-Mare BS23 3SJ    Tel: 0345 3503973**