



Complaint Form

Patient Details:

Full Name	
Address	
Telephone Number	
Email address	

Complainant's Details:

If you are making a complaint on behalf of a patient, please complete the below section

Full Name	
Address	
Telephone Number	
Email address	
Relationship to patient	

We will write to the patient to ask their consent to disclose the complaint response to you.

Time and date when incident/s occurred that you wish to complain about



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Name of Staff (if known)

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In your own words, please tell us why you are not happy with the care or service that you have received from us.

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(Please continue on a separate sheet of paper if necessary)

As a result of your complaint, what would you like to see happen?

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I understand that staff investigating this complaint may need to see medical records, but that all information will be kept confidential and will in no way affect any care provided.

Signature		Date	
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Thank you for taking the time to bring your complaint to our attention.

Please return this form to: Newham GP Cooperative Ltd, 113 Balaam Street, London, E13 8AF.
Alternatively you can email this form at nelondon.newhamgpoohcomplaints@nhs.net.

Should you require the complaints form in any other language, please contact the reception staff and they would be happy to assist you.