

River Wey Medical Practice Complaints Form



PATIENT'S FULL NAME			
DATE OF BIRTH			
ADDRESS			
COMPLAINT DETAILS (Include dates, times, and names of practice personnel, if known)			
SIGNED		PRINT NAME	

River Wey Medical Practice	Third Party Consent		
Patient Details			
FULL NAME			
TELEPHONE NUMBER			
ADDRESS			
Enquirer/Complainant Details			
FULL NAME			
TELEPHONE NUMBER			
ADDRESS			
<p>If you are complaining on behalf of a patient other than yourself or your enquiry involves the medical care of a patient other than yourself then the written consent of that patient will be required. Without the patients consent the Data Protection Act 1988 prevents us from disclosing any information to you.</p> <p style="text-align: center;">PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW</p>			
THIS CONSENT IS VALID UNTIL			
<p>I fully consent to River Wey Medical Practice releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.</p>			
SIGNED (patient only)		DATE	