

COMPLAINT FORM

<b>Patient's Full Name</b>	
<b>Patient's Date of Birth</b>	
<b>Patient's Address</b>	
<b>COMPLAINT DETAILS</b>	
<b>Date and Time of Complaint</b>	
<b>Person Involved</b>	
<b>NOTES</b>	
<b>Patient's Signature</b>	
<b>Date of Signature</b>	

The Beckside Centre, 1 Amos Drive, Pocklington, York YO42 2BS  
Telephone: 01759 302500

**PATIENT THIRD PARTY CONSENT**

<b>Patient's Full Name</b>	
<b>Patient's Telephone Number</b>	
<b>Patient's Address</b>	
<b>Name of Enquirer/Complainant</b>	
<b>Complainant's Telephone Number</b>	
<b>Complainant's Address</b>	
<p>If you are complaining on behalf of a patient or your complaint or enquiry involves the medical care of a patient, the consent of the patient will be required. Please obtain the patient's signed consent.</p> <p>"I fully consent to my Doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint only and I wish this person to complain on my behalf.</p> <p>This authority is for an indefinite period/for a limited period only. (Delete as applicable.)</p> <p>Where a limited period applies, this authority is valid until the date below."</p>	
<b>Valid Until</b>	
<b>Patient's Signature</b>	
<b>Date of Signature</b>	

Please forward the completed form by post or email to our Business PA, Marcia Glover ([marcia.glover@nhs.net](mailto:marcia.glover@nhs.net)). Thank you.

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