



# Sett Valley Medical Centre

## Complaints Form

Date of Complaint:

Details of person making complaint:

Full name: ..... Status: (e.g. patient, relative etc.....)

Address: .....

.....Post code: .....

Telephone/contact no: .....

Patient's Name : .....

Address: .....

.....Post code: .....

Summary of complaint: (continue on reverse if necessary)

Signature of complainant: .....

Please print name: .....

Written/Formal complaint (please circle)                      YES      NO

Office Use only:

Advice given:

Action taken:

Staff member signature: .....  
Print name: ..... Position: .....

Complainants, their relatives and carers have the right to receive all treatment with dignity and respect and will not, under any circumstances, be discriminated against during or following a complaint.

Reviewed: June 2013  
Next review due: June 2015