

River Clare Family Practice

COMPLAINT FORM WITH PATIENT THIRD PARTY CONSENT

Patient's name	Date of Birth.....
Address.....	
..... Post Code.....	
Telephone Number.....	

Enquirer/ Complainant's name	
Relationship to Patient	
Address	
..... Post Code.....	
Telephone Number	

If you are making a complaint for a patient, or if your complaint / query is about a patient's medical care, then we need consent from the patient. Please obtain the patient's signed consent below.

I 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.

Signed: (Patient only)

Date: