

ZETLAND MEDICAL PRACTICE

Third Party Patient Complaint Form

SECTION 1: PATIENT DETAILS

Surname:		Forename:	
Title: (ie. Mr, Mrs, Ms,Dr)		Date of birth:	
Date of birth		Address:	
Telephone No.		Postcode:	

SECTION 2: THIRD PARTY DETAILS

Surname		Forename	
Title (i.e. Mr, Mrs, Ms, Dr)		Address:	
Telephone No.		Postcode:	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*. Where a limited period applies, this authority is valid until/...../..... (insert date).

(* Delete as necessary)

SECTION 4: SIGNATURE

Surname & initials		Title (Mr,Mrs,Ms,Dr)	
Signature		Date	