

COMPLAINT FORM

Patient's Full Name	
Patient's Date of Birth	
Patient's Address	
COMPLAINT DETAILS Please include dates, times, names of sites and practice personnel, if known Please continue on a separate sheet if necessary	
If you are complaining on behalf of a patient please complete the third party consent on the following page.	
Patient's Signature	<small>I *do/do not give consent for you to access my medical record for the purpose of investigating this complaint *Please delete as appropriate</small>
Date of Signature	

Please forward your completed form by post or in person to your nearest Teldoc Practice

Telephone: 03300 536 456

**Registered Office: Teldoc Medical Practice
Church Close
Malinslee
Telford
TF3 2JZ**

Website: www.teldoc.org

PATIENT THIRD PARTY CONSENT

Patient's Full Name	
Patient's Telephone Number	
Patient's Address	
Name of Enquirer/Complainant	
Relationship to Patient	
Complainant's Telephone Number	
Complainant's Address	
<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>"I fully consent to the release of information in my medical records for discussion about my care and in relation to this complaint only to the person named above. I wish this person to complain on my behalf."</i></p> <p>This authority is for an indefinite period/for a limited period only (delete as applicable) Where a limited period applies, this authority is valid until the date below.</p>	
Valid Until	
Patient's Signature	
Date of Signature	

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