

Partnership Primary Care Centre

Patient Complaints Form

We're sorry to hear that you are unhappy with any aspect of your care or service. Please complete this form to help us understand your concerns. We are committed to handling all complaints fairly, sensitively, and in confidence.

1. Your Details

(Please complete your personal details so we can contact you if needed)

Full Name:
Date of Birth:
Address:
Telephone Number:
Email Address:

2. Are You Making This Complaint on Behalf of Someone Else?

☐ Yes / ☐ No

If **yes**, please provide their details below and include their written consent if possible.

(Please note: If you are complaining on behalf of someone else, we must have their signed consent unless they are unable to provide it due to illness or disability.)

Patient's Name:
Relationship to Patient:
Reason You Are Making the Complaint on Their Behalf:

3. Details of Your Complaint

Date(s) of Incident(s):
Names of Staff Involved (if known):
Please describe what happened and explain why you are dissatisfied: <i>(Continue on a separate sheet if necessary)</i>
4. What Outcome Would You Like to See as a Result of This Complaint?

5. Signature

Signed:

Date:

You can submit your complaint via email at - PPCC@nhs.net

Office Use Only

To be completed by the practice team

Complaint received on: _____

Received by (staff name): _____

Method received: ☐ In person ☐ By phone ☐ Letter ☐ Email ☐ Other

Reference Number (if applicable): _____