

Stockwell Group Practice

# FEEDBACK FORM

<b>PATIENTS FULL NAME</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	

## COMPLAINT DETAILS

(Include dates, times, and names of practice personnel, if known)

If you are making a complaint on behalf of someone else please ensure they complete the Third Party Consent Form

<b>SIGNED</b>		<b>PRINT NAME</b>	
---------------	--	-------------------	--

<b>Stockwell Group Practice</b>	<b>THIRD PARTY CONSENT</b>
---------------------------------	----------------------------

<b>PATIENTS DETAILS</b>
-------------------------

<b>FULL NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	

<b>ENQUIRER/COMPLAINANTS DETAILS</b>
--------------------------------------

<b>FULL NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>ADDRESS</b>	

If you are complaining on behalf of a patient other than yourself or your enquiry involves the medical care of a patient other than yourself then the written consent of that patient will be required. Without the patients consent the Data Protection Act 1988 prevents us from disclosing any information to you.

**PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW**

<b>THIS CONSENT IS VALID UNTIL</b>	<small>Inset date or ‘INDEFINITE’</small>
------------------------------------	---

I fully consent to Stockwell Group Practice releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

<b>SIGNED</b> (patient only)		<b>DATE</b>	
------------------------------	--	-------------	--