**COMPLAINT FORM**

|  |  |
| --- | --- |
| Name: | Date: |
| Address:Postcode: | Telephone (land line):*Please note, telephone responses to complaints will only be made to a land line. All other responses will be written.*  |
| Patient details (where different from above ) |
| Name: |
| Address:Postcode: | Telephone (land line):*Please note, telephone responses to complaints will only be made to a land line. All other responses will be written.* |
| Date of Birth: | Usual Practitioner: |
| Details of complaint:(*Please continue overleaf or on a separate sheet if necessary*) |
| How would you like to see us put things right?(*Please continue overleaf or on a separate sheet if necessary*) |

Ethnic category of complainant (please tick appropriate box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *White* | *Mixed* | *Asian/Asian British* | *Black/Black British* | *Other Ethnic/not stated* |
| White British |  | White & Asian |  | Bangladeshi |  | Black Caribbean |  | Chinese |  |
| White Irish |  | White & Black African |  | Indian |  | Black African |  | Other Ethnic Category  |  |
| White European |  | White & Black Caribbean |  | Pakistani |  | Black Other  |  | Not Stated |  |
| White Other  |  | Mixed Other  |  | Asian Other |  |  |  |  |  |