millbank medical centre

MILLBANK MEDICAL CENTRE PATIENT COMPLAINT FORM

If you have a complaint or concern about the service that you have received from the doctors or staff working for the Practice, you are entitled to ask for an explanation. We operate an in-house Practice Complaints Procedure for dealing with complaints which is in line with the NHS Complaints Procedure.

Complaints should be put in writing and addressed to the Practice Manager, at the surgery address above, who will ensure that all complaints received are investigated thoroughly and as quickly as possible. Complaints should be made as soon as possible after the problem occurred and must be within twelve months of the date on which the matter, which is the subject of the complaint, came to the notice of the complainant.

Once a complaint has been received at the Practice, it will be acknowledged within 3 working days.

Please note that the Practice keeps strictly to the rules of medical confidentiality which means that if you are complaining on behalf of someone else, we must have their written consent in order to investigate the complaint.

Your complaint will be fully investigated with relevant members of the Practice team. It may be necessary for us to contact you directly if further information is required. When the complaint has been investigated you will receive a written response.

We hope that if you have a complaint you will use our in-house complaints procedure as we believe that this will give us the best chance of putting the problem right and an opportunity to improve our practice.

If you need support to make your complaint, contact NHS Complaints Advocacy Service, Helpline: 0300 330 5454 or visit www.voiceability.org

If you are dissatisfied with the outcome of your complaint, you can contact:
The Parliamentary Ombudsman, Millbank Tower, Millbank, London SW1P 4QP. Telephone: 0845 015 4033, Fax: 0207 217 4940
Textphone: 0207 217 4066, email www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:

Date of Birth:
Address:

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

SIGNED..... Print name..... (Continue overleaf if necessary)

PATIENT THIRD-PARTY CONSENT IF YOU ARE NOT THE PATIENT

PATIENT'S NAME: _____
TELEPHONE NUMBER:
_____
ADDRESS: _____
_____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER:
_____

ADDRESS: _____
_____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

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

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: ..... (Patient only) Date: .....