

The Church Lane Surgery

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Concern/Complaint/Enquiry Form

Full name of patient:

Patient address:.....

Patient date of birth:

Representative's Name:
(if different from above)

Representative's address:
(if different from above)

IF YOU ARE COMPLAINING ON BEHALF OF THE ABOVE PATIENT OR YOUR CONCERN OR ENQUIRY INVOLVES THE MEDICAL CARE OF THE ABOVE PATIENT, THEN THEIR CONSENT WILL BE REQUIRED BEFORE WE CAN LOOK INTO THIS. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my GP Surgery releasing information to the above representative and discussing my care and medical records with them in relation to this complaint/concern/enquiry only.

Signed: **Dated:**
(Patient only)

1. Please describe in one or two sentences the issues that have lead to this complaint/concern. This will help us understand the key problems that you have experienced.
2. Has this problem occurred previously?
3. Please can you identify where the issue may have arisen? For example, did this happen as a result of conflicting messages, a personality conflict, a problem with communication within the surgery, etc.
4. Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologising where your experience has not been as you had wished.
5. We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. Are you happy for us to review things going forward?

Please circle either **YES** or **NO**

Thank you for taking the time to contact Church Lane Surgery. We will acknowledge your concern/enquiry and reply within 3 working days.

Please refer to our complaints policy for further information.