**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 |  |  |  |  |  |