

**Drs Shaw, Walker and Culliney
Shepley Health Centre
25 Jos Lane
Shepley HD8 8DJ**

Complaint Form

Complainant's details

Name:

Address:

.....

Patient's details (where different from above

Name:

Address:

.....

Date of birth: Usual practitioner

Where the complainant is not the patient:

I authorise the complaint set out overleaf to be
made on my behalf by and I agree that the practice may disclose to
(only so far as is necessary to answer the complaint) confidential information about me which
I provided to them.

Patient's signature: Date:.....

Name and address:

.....

PLEASE USE THE REVERSE OF THIS SHEET TO REDCORD THE DETAILS OF THE COMPLAINT.

DETAILS OF COMPLAINT

Complainant's signature: Date: