



Deepa Busam
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PATIENT COMPLAINT FORM

Please complete and return this form: FAO Complaints Manager

Patient's Full Name:

Date of Birth:

Address:

Telephone:

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 GP at Kirkdale Medical Centre releasing information to, and discussing my care and medical records with, the person named above.

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*)

Date _____

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Print name _____

Signed _____

Date _____

Please return completed forms to deepa.busam@livgp.nhs.uk