

FRESHWELL HEALTH CENTRE

continued from p1

Complainants signature	
Date	
Where the complainant is NOT the patient - please complete and sign at 1 or 2 below -	
1.	
Ihereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about me which I provided them.	
Patient's Signature	
Date	
2.	
Ihereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about (patient's name)	
Patient's Signature	
Date	
Relationship to complainant	
Relationship to patient	

www.freshwell.co.uk