FRESHWELL HEALTH CENTRE

COMPLIMENTS, COMMENTS, CONCERNS & COMPLAINTS FORM



Reviewed: 22/09/2025

Your details		CONCERNS OR COMPLAINTS
Name		
Address		
Contact Tel No.		
email address		
Detionale details (if d	ifferent from chous)	
Patient's details (if d	merent from above)	
Name		
Address		
Date of Birth		
Full datable of any		
Full details of cor	npiaint	
Date		
Time		
Identify members		
of practice		
	events (i.e. the facts and surrounding circ	cumstances giving
rise to your compla	aint)	
		continued over

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Complainants signature Date Where the complainant is NOT the patient - please complete and sign at 1 or 2 below - 1. I	continued from p1	
Date Where the complainant is NOT the patient - please complete and sign at 1 or 2 below - 1. I	Continued from pr	
Date Where the complainant is NOT the patient - please complete and sign at 1 or 2 below - 1. I		
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Where the complainant is NOT the patient - please complete and sign at 1 or 2 below - 1. I	Date	
below - 1. I	Date	
below - 1. I	Where the complainant	is NOT the nationt - please complete and sign at 1 or 2
1. I		is NOT the patient - piease complete and sign at 1 of 2
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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. I	''	
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. I	1	hereby authorise the above
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Date 2. I	Patient's Signature	
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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)		
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Relationship to		

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www.freshwell.co.uk

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