Grove Health Centre

129 Dundee Road, Broughty Ferry, Dundee DD5 1DU
Tel: 01382 778881 Fax: 01382 731884
www.grovehc.co.uk

COMPLAINT FORM

Your Details - Please use **BLOCK CAPITALS**

Full Name:	
Date of Birth:	
Address:	
Contact Number:	
Email:	

Patient Details (if different from above) – Please use **BLOCK CAPITALS**

Patient Name:	
Date of Birth:	
Address:	
Contact Number:	
Email:	

IMPORTANT
Consent: Where the complainant is not the patient, written consent will be required to be completed and signed by the patient.

Complaint details: (Please provide an explanation of what you are dissatisfied about. Include dates, times and names of practice personnel, if known)

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(Please use additional sheets, if required)

Signed: .....

Print name: .....

Date: .....