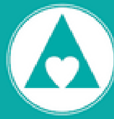

ASCOT MEDICAL CENTRE
at the heart of the community

Brook House, Brook Avenue,
Ascot, SL5 7GB
Tel: 01344 874 011
www.ascotmedicalcentre.nhs.uk

Complaint

TITLE

☐ Mr ☐ Mstr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

HOW WOULD YOU LIKE US TO CONTACT YOU?

☐ Phone ☐ Email ☐ Post

COMMENTS

DATE WHEN ISSUE OCCURED:

☐ **I WANT TO NOMINATE A THIRD PARTY TO MANAGE MY COMPLAINT**

If no then skip third party details

Third Party Details

TITLE

☐ Mr ☐ Mstr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

HOW WOULD YOU LIKE US TO CONTACT YOU?

☐ Phone ☐ Email ☐ Post

COMMENTS

☐ **I hereby authorise the third party above to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.**

I WANT A COPY OF THE CONTENTS OF THIS FORM TO BE EMAILED TO ME

☐ Yes ☐ No

EMAIL:

☐ **I CONFIRM THAT THE PATIENT BEING CARED IS A REGISTERED PATIENT AT ASCOT MEDICAL CENTRE**