



LARKSFIELD AND ARLESEY MEDICAL PARTNERSHIP

Arlesey Road, Stotfold, Hitchin, Herts SG5 4HB

Tel: 01462 732200

COMPLAINT FORM

Patient details:

Name:

Address:

Date of birth:

Complainant's details (if different from above)

Name:

Address:

NB We will be unable to investigate any complaint made on behalf of another until the attached authorisation is completed and returned.

Details of complaint: (Please ensure you give a full description of the events, dates, times, persons involved etc.)

Your complaint will be acknowledged in writing within **10 working days**. Once passed onto the practice manager, we aim to respond with a written summary of the investigation and its conclusion *within 20 working days*.

Complainant's signature:

Date: