

## BLOOMSBURY SURGERY COMPLAINT FORM

Please complete all the boxes on this form

### Complainants Details:

**Full name:**

**Address:**

**Telephone number:**

**Date of birth of patient:**

### Patient's details (if different from the previous):

**Full name:**

**Address:**

**Telephone number:**

**Date of birth of patient:**

**Relationship to Patient: (father/mother/son/daughter etc.)**

### Formal Complaint Details:

**Do explain from your perspective what went wrong:**

**Please kindly describe how this has affected you/others:**

**Please describe what you feel the Practice should do to help try and resolve the issue going forward:**

**Supporting Evidence (please attach any relevant documents):**

