



**Sefton Park
Medical Centre**

Dr M O'Brien & Dr P Lipton
Smithdown Road
Liverpool
L15 2LQ



0151 295 8700



0151 734 1321



www.seftonparkmedicalcentre.nhs.uk



Patient Complaint Form

Please fill this form in and return it in a sealed envelope marked
"Confidential - for the attention of the Practice Manager"

Your Name			
Your Address			
Telephone			
Email			
Name & Address Of Patient (if you are making a complaint on behalf of someone else)			
Patient's Date Of Birth		Your Date Of Birth (if not the patient)	
Time & Date of Incident			

Details of the Complaint

Please give as much detail as you can including the name of
any practice staff who may be involved if they are known

<p>If you are complaining at the request of someone else, or as their legal representative, please ask them to read and sign this section (wherever possible)</p>	<p>I (name) have authorised (name) to make this complaint on my behalf, and agree that Sefton Park Medical Centre may disclose (as far as it is necessary to answer the complaint) any confidential information held about me. Signed Date</p>

Practice Use Only

Date received:

Date Acknowledged:

Complaint consecutive number: