

Partners: Dr M O'Brien & Dr P Lipton

Doctors: Dr S Rose, Dr K Smith, Dr N Oozeer, Dr K Beswick

# Complaint Form

Please complete and return this form: FAO Complaints Manager

Please tick <u>one</u> of the following two options			
I am complaining about my own Care		I am on behalf of someone else's care	

Your Name	
Your Address	
Your Telephone	
Your email	
Your Date of Birth	
Name, Date of Birth & Address of Patient (if not yourself)	
Location, Date & Time of Incident	

If you are complaining at the request of someone else, or as their legal representative, please ask them to read and sign this section:

<p>I authorise (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.</p>	
<p>Name .....</p>	
<p>Signed .....</p>	<p>Date .....</p>





