08

**Fall**

Statement of Complaint Form

|  |  |  |  |
| --- | --- | --- | --- |
| Patient | | Person Making Complaint | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Telephone No: |  | Telephone No: |  |
| Ethnicity of Patient: |  |  |  |
| Gender: |  |  |  |
| Any relevant disabilities or religious beliefs |  |  |  |
| Date of Birth |  |  |  |

Summary of Complaint

Desired outcome:

Signed …………………………………………………… Dated …………………

*For completion by Throckley Primary Care staff only*

|  |  |
| --- | --- |
| Date received |  |
| Name of staff member who took complaint |  |
| Signature of staff member |  |

Completed forms to be returned to:-

Mrs Marie Bottomley

Practice Manager

Throckley Primary Care

Tillmouth Park Road

Throckley

Newcastle upon Tyne

NE15 9PA