

Branch End Surgery - Complaint Form

Thank you for taking the time to share your concerns. We are committed to addressing any issues you may have and improving our services. Please complete this form and return it to the practice, or submit it by email to branchendsurgery@nhs.net.

1. Your Details

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address (if applicable):

2. Details of Your Complaint

Date(s) of Incident(s):

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Location (e.g., GP surgery, phone call, home visit, etc.):

Staff member(s) involved (if known):

Details of the complaint (Please describe your concern, including what happened and any relevant details):

3. How Would You Like to See This Issue Resolved?

4. Consent to Process Your Complaint

Please confirm that you consent to the practice processing the information provided in this form to investigate your complaint:

Yes, I consent to the practice processing my complaint.

Tick if Yes

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5. How Would You Prefer to be Contacted?

- By phone
 - By email
 - By letter
-

6. Further Information (Optional)

If you have any further comments or relevant information, please provide them here:

Signature (Optional)

Signature: _____

Date: _____

Please return this completed form to:

Branch End Surgery
Main Road, Stocksfield
NE43 7LL

Or email to: branchendsurgery@nhs.net

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This form will help us investigate your complaint efficiently and ensure that we address your concerns properly. Thank you for helping us to improve our service.
