

**Edenderry Clinic**

**COMPLAINT FORM**

|  |
| --- |
| **Patients Full Name …………………………………………………….. Date of Birth …………………………****Address ……………………………………………………………………………………………………………………………****………………………………………………………………………………………………………………………………………….****Contact Number ……………………………………………………………………………………………………………..** |

|  |
| --- |
| **Complaint Details: (Include date (s), times & names of personnel, if known)**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Signed ………………………………………………………Date …………………………………………………….. |



**Edenderry Clinic**

**COMPLAINT FORM-**

**Patient Third Party Consent**

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT INVOLVES THE MEDICAL CARE OF A PATIENT, THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED.**

**PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.**

|  |
| --- |
| **Patients Full Name …………………………………………………….. Date of Birth …………………………****Address …………………………………………………………………………………………………………………………….****…………………………………………………………………………………………………………………………………………..****Contact Number ……………………………………………………………………………………………………………….** |

|  |
| --- |
| **Enquirer/Complainants Full Name ……………………………………………………………………………………****Relationship to Patient ……………………………………………………………………………………………………..****Address …………………………………………………………………………………………………………………………….****………………………………………………………………………………………………………………………………………….****Contact Number ………………………………………………………………………………………………………………** |

**I, (Insert Pt’s Name) ……………………………, fully consent to my Doctor, to release information and discuss my care and medical records with the person named above (Complainant)**

***in relation to this complaint only*.**

**I authorise the Complainant to make this complaint on my behalf.**

**Signed ………………………………………………(Patient Only)**

**Dated ………………………………………………**