

**Moss Valley Medical Practice**

Gosber Road, Eckington, Sheffield, S21 4BZ

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**Gosforth Valley Medical Practice**

Gorsey Brigg, Dronfield, Derbyshire, S18 8UE

T: 01246 419040 E: admin.gosforthvalley@nhs.net

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| **Patient Complaint Form** |

**Please use this form if you would like to make a formal complaint about the service you have received at this practice.**

Please note that this form is for formal complaints only. Should you wish to share a compliment or comment, please use the **Patient Compliments and Comments** form. If you are complaining on behalf of someone else please complete the **Making a Complaint on Behalf of Someone Else – Complaints Form** as we will need their consent to speak to you.

1. **Your Details**

(This should be the details of the person making the compliment or comment)

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| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  | **Telephone Number:** |  |
| **Email Address:** |  | **Main Surgery:** |  |
| **What is your preferred method of communication?** | **Email** | **Phone** | **Post** |

1. **Information about the Complaint**

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| **On what date(s) or over what period of time did the issue happen?** |  |
| **Who was involved?** |  |
| **What happened?** (please continue on a separate sheet if necessary) |  |

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| **What would you like to see as an outcome of your complaint?**  |  |

I agree that members of the practice may disclose in so far as necessary, confidential information about me, which I have provided to them.

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| **Signed:** |  | **Dated:** |  |