

**Moss Valley Medical Practice**

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**Gosforth Valley Medical Practice**

Gorsey Brigg, Dronfield, Derbyshire, S18 8UE

T: 01246 419040 E: [admin.gosforthvalley@nhs.net](mailto: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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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.

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