



### Complaint Form

Thank you for bringing your concerns to our attention. Please complete this form to provide us with details of your complaint. We aim to respond to all complaints within 30 working days. If you need assistance with completing the form, please contact our reception team.

#### Personal Information *(Optional, but helpful for follow-up)*

- **Full Name:**
- **Date of Birth:**
- **Address:**
- **Phone Number:**
- **Email Address:**
- **Preferred Contact Method:** (Phone / Email / Post)

#### Complaint Details

1. **Date of Incident:**
2. **Time of Incident (if applicable):**
3. **Location (e.g., GP Surgery, phone consultation, etc.):**
4. **Who was involved (staff member, department, etc.):**
5. **Nature of Complaint:** (Please describe the issue you experienced, including any relevant details. Use additional pages if necessary.) *Example: "I was kept waiting for my appointment for 30 minutes beyond the scheduled time without any explanation."*

**Impact of the Incident**

- How has this issue affected you or your experience with our surgery?  
(e.g., emotional distress, inconvenience, impact on health, etc.)

**Previous Communication**

- Have you previously raised this issue with any of our staff?  
(Yes / No)
- If yes, please provide details of when and with whom, and the outcome of that discussion.

**Preferred Outcome**

- What would you like to see as a result of your complaint?  
(e.g., explanation, apology, improvement in services, other)



**Kingsway**  
GP Surgery

30 Kingsway, L22 4RQ T: 0151 928 8668 F: 0151 949 1117

### Consent and Privacy Notice

By submitting this complaint, you consent to the use of your data for the purpose of addressing this complaint in accordance with our privacy policy. We will treat all information in a confidential and secure manner.

- Signature (Optional):
- Date:

### For Surgery Use Only

- **Complaint Received By:**
- **Date Received:**
- **Complaint Category (e.g., appointment issue, staff behavior, etc.):**
- **Action Taken:**
- **Response Deadline:**
- **Follow-Up Actions Required:**
- **Response Sent To Patient (Date):**
- **Feedback Outcome:**

Thank you for taking the time to share your concerns

Your feedback is important to us, and we are committed to making improvements where necessary.