

Fieldhouse Medical Group

This form is to be handed in conjunction with the Patient Information Leaflet containing further information on the Practice's complaint procedure	
Date	
Patient experiencing the problem	
Address	
Telephone Number	
<p>Complaining on Someone Else's Behalf</p> <p>Please note that Fieldhouse Medical Group is bound by law to keep strictly to the rules of confidentiality. If you are complaining on behalf of someone else, we need to be sure that you have their permission and therefore we will require the patient's written consent or legal equivalent.</p>	
Person reporting problem (if different from above)	
Address	
Telephone Number	
Date Problem Arose	
Brief Description of Complaint (continue overleaf if necessary)	

Fieldhouse Medical Group

