 **Foundry Healthcare Complaint Form**

|  |  |  |
| --- | --- | --- |
| **FIRST CONTACT SHEET** | | |
| **Date** |  | |
| **Name** |  | |
| **Address** |  | |
| **Tel No** |  | |
|  | | |
| **Please provide details of the complaint below.**  (It would be helpful if you could provide us with as much information and where possible include time, date and names of staff involved. Thank you) | | |
| **For administration use only.**  Please ensure complaint forms are handed to the Practice Manager on the day they are received and to provide the patient with a Patient Complaints Information Leaflet | | |
| **Date complaint recorded:** | |  |
| **Name of staff member:** | |  |
| **Date passed to Practice Manager:** | |  |