 **Foundry Healthcare Complaint Form**

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| **FIRST CONTACT SHEET** |
| **Date** |  |
| **Name** |  |
| **Address** |  |
| **Tel No** |  |
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| **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:** |  |