



Swan Medical Group - Complaints Form

Please send report marked: **PERSONAL IN CONFIDENCE**

Complainant's Details

Name:

Address:

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Preferred means of contact:

Contact Telephone Number/Email:

Patient's Details (if different from above, see also Third Party Consent form below)

Name:

Address:

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Contact Telephone Number/Email:

Summary of Complaint (i.e. what is it you most wish to complain about?)

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Third-Party Consent Form

PATIENT'S NAME: _____

TELEPHONE NUMBER/EMAIL: _____

ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER/EMAIL: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until (insert date)

Signed (Patient)

Date