

# Complaint Form

## Section A – Patient details

Patient Name

Date of Birth

Address

Eircode

Telephone

GMS (Medical Card) No.

If you are not the patient, please insert patient details above. Please note it will be necessary for us to obtain patient consent to investigate the complaint and to discuss confidential information with you. Please also fill out Sections C and D if you are not the patient.

## Section B – Complaint details

**Complaint details:** (Include dates, times and names of personnel, if known)

**Section C – Complainant’s details (if complainant is not the patient)**

Enquirer/ Complainant’s Name

Relationship to Patient

Address

Eircode

Telephone

**Section D -Consent (if complainant is not the patient)**

If you are making a complaint for a patient, or if your complaint / query is about a patient’s medical care, then we need consent from the patient. Please obtain the patient’s signed consent below.

I consent to my doctor releasing information to, and discussing my care and medical records, with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

Signed

(Patient or legal guardian only)

Date