**Complaints Form (Where complainant is not the patient)**

Please complete the following consent where the complainant is not the patient

I ………………………………………………………………… hereby authorize the complaint set out

on the complaint form to be made on my behalf by

………………………………………………………………………….

I agree the practice may disclose to ………………………………………………………………….

confidential information regarding myself.

***(only in so far as is necessary to answer the complaint)***

Patients signature: …………………………………………………………………..

Date: ……………………………………………………………………………………….

Address: ………………………………………………………………………………….

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