

# Beacon Medical

## Third Party Patient Complaint Form

### SECTION 1: PATIENT DETAILS

|                       |  |                                 |  |
|-----------------------|--|---------------------------------|--|
| Surname               |  | Maiden name                     |  |
| Forename              |  | Title<br>(i.e. Mr, Mrs, Ms, Dr) |  |
| Date of birth         |  | Address:                        |  |
| Telephone No.         |  | Postcode:                       |  |
| NHS number (if known) |  | Hospital number (if known)      |  |

### SECTION 2: THIRD PARTY DETAILS

|                                 |  |           |  |
|---------------------------------|--|-----------|--|
| Surname                         |  | Forename  |  |
| Title<br>(i.e. Mr, Mrs, Ms, Dr) |  | Address:  |  |
| Telephone No.                   |  | Postcode: |  |

### SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*. Where a limited period applies, this authority is valid until ...../...../..... (insert date).

(\* Delete as necessary)

### SECTION 4: SIGNATURE

|           |  |                            |  |
|-----------|--|----------------------------|--|
| Name      |  | Title<br>(Mr, Mrs, Ms, Dr) |  |
| Signature |  | Date                       |  |