

The Arlington Road Medical Practice

1 Arlington Road · Eastbourne · East Sussex · BN21 1DH
Telephone: 01323 727531 · www.arlingtonroadsurgery.nhs.uk

Consent for investigation of a complaint

This form should be completed **by the patient** where a complaint has been made on their behalf by someone else and returned to Sara Folwell, Business Manager, at the above address. Thank you.

Name of Patient	
Name of person making the complaint	
Relationship to patient	
I, the patient, confirm that I give my full consent for Arlington Road Medical Practice to investigate the complaint made on my behalf by the above named	Signed Date
I, the patient, confirm that all correspondence should go to the above named	Yes / No
I, the patient, would like a copy of any correspondence sent to the above named	Yes / No

If you have any questions about this form, please don't hesitate to contact me on the number above.