

Partners: Dr Paul Frisby · Dr Mark Jones · Dr Laure Berthelot-Cabaret · Dr Adam Zacks Dr Rose Moore-Moffatt · Dr Grace Getty · Dr Conor Fee · Dr Emma Pickering

Salaried General Practitioner: Dr Alexandra Graham

## 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 Laura Woodgates, Practice 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.