



COMPLAINTS FORM

*Dr P Muzaffar, Dr S Jesthi,
Dr N Choudry & Dr A Patel*

Please return this form to:

Mrs Frances Procter,
Practice Manager,
Darwen Health Link.



Complainant's Details

Name

Address

Contact Telephone number *(please include mobile telephone numbers)*

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Date of Birth/...../..... Signature

Usual GP

Patient Representative *(please complete if complaining on behalf of someone else)*

Name

Address.....

Contact Telephone number *(please include mobile telephone numbers)*

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Details of Complaint (please try to provide as much information as possible – for example date/ time, member of staff involved (if appropriate), reason for complaint.

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