

Management- Confidential

BIRTLEY MEDICAL GROUP (BMG) – COMPLAINT FORM

To: Practice Operations Manager

From:

Name:

Tel:

Signature:

Date:

Address:

If you are not complaining yourself, on whose behalf are you making the complaint:

(N.B. Due to patient confidentiality, we require the consent of this person if you wish us to correspond with you directly)

(Name & Address):

What is the specific nature of your complaint: (Continue on a separate sheet if required).