



Complaints Consent Form

I, (name).....

of (address).....

.....

.....

hereby authorise (named person).....

of (names person's address).....

.....

.....

to pursue the complaint on my behalf and I agree that the staff may disclose (only in so far as it is necessary to answer the complaint) confidential information about me which I have provided to them.

Patient's signature.....Date.....