



**Complaint Consent Form**

**Please bring in photo identification for the patient (with signature) to the Reception Desk with this form.**

I, (name).....

of (address).....

.....

hereby authorise (named person).....

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

.....

.....

to pursue the complaint relating to my treatment and care for the period dated .../.../... to .../.../... on my behalf.

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 .....

Patient's signature witnessed by..... Date.....

**Care Navigator Use**

Identification type (i.e. Passport) and relevant Reference No.....

.....

Patient's signature confirmed to ID by Care Navigator (initials) .....

Complaint Consent form scanned to patient file by Care Navigator (initials) .....

**Care Navigation Team**- please advise Bridget Wainman when consent is received and logged.