Church Avenue Medical Group
The Surgery, 54 Church Avenue, Harrogate, HG1 4HG
www.churchavenuemedicalgroup.nhs.uk
01423 564168

Concern/Complaint Form

Name of person completing this form:
Patient's NHS Number or DOB:
Telephone Number and email address:
Date and time of event:
Brief Details:
Can you help us understand what you think should have happened?
Please tell us what you want to achieve from this complaint. This may be an apology if there has been a mistake, an improvement to our service or an opportunity to discuss your issues in more detail.

PATIENT: I can confirm that the concern/compliment is as stated above:

Sign:	Print:	Date:

STAFF MEMBER: Please sign and date upon receipt.

Sign:	Date: