

Patient complaint form

This form is for you to make a complaint, in the strictest confidence, about a doctor to the General Medical Council.

You do not have to use this form but, if you do, it will help us to consider your complaint quickly. There is a helpline number 0161 923 6602 if you have any questions.

Before filling in the form, please read our booklet *How to complain about a doctor*.

Please fill in the form in blue or black ink, in CAPITALS, giving us as much detail as you can.

Your details

Title (Mr, Mrs, Ms etc) Your full name

Who you are (for example: patient, patient's relative, patient's next of kin, patient's solicitor, etc)

The patient's full name (if you are not the patient)

The patient's date of birth Gender (M/F)

If you are complaining on the patient's behalf, you will need to get them to put your name in the declaration below and then sign and date it.

I agree to making this complaint on my behalf. I agree they may see my medical records and any other information that might be relevant to this complaint.

The patient's signature

Date

Your address

Town

County

Postcode

Your daytime phone number

STD code

Your mobile phone number, if you have one

Your fax number, if you have one

Your email address, if you have one

General
Medical
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Medical records consent

To consider your complaint we may need to get copies of the patient's medical records. To do this, we need to have the consent of the patient, their guardian or legal representative. We also need you to tell us the name(s) of the hospital or surgery holding the records, that relate to the matter being complained about.

We may not need copies of the medical records but, if we do, it will save time if you give us your consent at this stage.

If you are the patient, please sign and date this section.

I give permission for the GMC to see copies of my medical records for the period the GMC considers relevant to this complaint.

Signature

Date

If the patient is under 16 years old, a parent or guardian must fill in this section.

My name is

and I give my permission for the GMC to see copies of the medical records of

The patient's name

The patient's date of birth

for the period the GMC considers relevant to this complaint.

Signature

Date

Who I am

(for example: patient, patient's relative, patient's next of kin, patient's solicitor, etc)

If the patient has died, their next of kin or legal representative must fill in this section.

My name is

and I give my permission for the GMC to see copies of the medical records of

The patient's name

The patient's date of birth

The patient's date of death

for the period the GMC considers relevant to this complaint. I confirm that I have the legal authority to give this permission.

Signature

Date

Who I am

(for example: patient's next of kin, legal representative, etc. You may need to provide evidence of this, for example, power of attorney)

Name of hospital/surgery where records are held (if you know this information).

Checklist

Please make sure that you have:

- given us the full names of the doctors concerned
- described your complaint as fully as possible
- enclosed any letters about your complaint that you have sent to, or received from, any other organisation you have complained to
- enclosed any other supporting evidence, such as medical records
- given us your name and, if possible, a daytime phone number
- filled in and signed the *Declaration and Consent to disclose* section
- filled in and signed the *Medical records consent* section
- checked that all six pages of this form are filled in and are enclosed.

When you have completed this form, please send it to:

Fitness to Practise

General Medical Council
3 Hardman Street
Manchester
M3 3AW

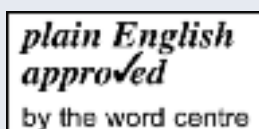
Or fax it to us on 0161 923 6578.

If you would like more information about how we deal with complaints, please visit our website at

www.gmc-uk.org

or contact us on **0161 923 6602**.

Thank you for completing this form. We aim to send you a reply, or progress report, within two weeks of receiving your complaint.



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Regulating doctors
Ensuring good medical practice