Shoreham
Health Centre
Pond Road
Shoreham by Sea
BN43 5US
01273 466052

Northbourne
Medical Centre
193A Upper Shoreham Road
Shoreham by Sea
BN43 6BT
01273 464640

Manor
Practice
Southwick Street
Southwick
BN42 4TA
01273 596077

Downsway
Surgery
3 Downsway
Southwick
BN42 4WA
01273 592764

Patient Complaint Form

Complainant's details

Name			
Date of birth			
Address			
Postcode		Tel number	
E-mail address			
Date:		Signature:	

Patient's details (if different from above)

Name			
Date of birth			
Please note: If you are making a complaint on behalf of a patient who is over 18 years old, they must give consent for you to deal with this complaint and for AHP to be able communicate with you. Please find the consent form below.			
I, ……., consent to Adur Health Partnership releasing information to and discussing my care and medical record with the complainant. I hereby authorise……..to make this complaint on my behalf and I agree that Adur Health Partnership may disclose to this person (only insofar as is necessary to answer this complaint) confidential information about me. Signed by the patient:…….. Date:…… Signed by the complainant:…….. Date:…….. Relationship to the patient:…….			
Address			
Postcode		Tel number	
E-mail address			

Practice location involved with this complaint *(please tick)*

Shoreham Health Centre		Manor Practice	
Northbourne Medical Centre		Downsway Surgery	

Please give the details of the complaint on page 2 of this form.

Patient Complaint Form – Continuation sheet

Patient's name	
Patient's date of birth	

Details of the complaint

Thank you for your time to put your complaint in writing.

Please email a completed form to wsxccg.ahp@nhs.net or hand it in to our Reception team.

For office use only:

Complaint received on site date:		*By:*	
Complaint received by the Complaints Manager date:		*By:*	