

# THE HOLLIES MEDICAL CENTRE

20 ST ANDREWS ROAD SHEFFIELD S11 9AL

## Partners

Dr Nikki Hall  
Dr Mike Lyons  
Dr Nikola Bramwell

Telephone: 0114 255 0094

Dr Richard Harvey  
Dr Michael Hogan

## PATIENT COMPLAINT FORM

Please complete and sign the form in order for us to process your request.  
This form will be retained on file.

### Section 1: Details of the person making the complaint

Title (Dr, Mr, Mrs, etc)		Telephone number	
Surname:		NHS number (if known)	
Forename:		Date of birth:	
Address:			
Postcode:			
Signature:			
Date:			

### Section 2: Details of the person the complaint concerns (if different from above)

Title (Dr, Mr, Mrs, etc)		Telephone number	
Surname:		NHS number (if known)	
Forename:		Date of birth:	
Address:			
Postcode:			
Date:			
<b>Please indicate their relationship to the person making the complaint</b>			
<b>Please note:</b> the Declaration in Section 3 (below) must be signed by the person named in Section 2. If this is not possible due to illness, accident or mental capacity please indicate the reason below:			

**Section 3: Consent (if applicable)**

By signing below you are confirming that you are giving consent for The Hollies Medical Centre to provide details of your medical care to the person who has made the complaint on your behalf

**Declaration**

I confirm that by signing this form I am giving my consent for my medical information to be shared with the person named in Section 2 above

Signature of patient: ..... Date: .....

**The making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

**Section 4: Details of the Complaint (please continue on an additional sheet if required)**

[Empty box for details of the complaint]