Rivermead Gate Medical Centre

COMPLAINT FORM AUTHORISATION

Where the complainant is not the patient: I..... authorise the complaint noted overleaf to be made on my behalf by and I agree that the practice may disclose to the complainant confidential information sufficient only to answer the complaint. Patient's Signature: Date: Name: Address: **Rivermead Gate Medical Centre** COMPLAINT FORM AUTHORISATION Where the complainant is not the patient: I..... authorise the complaint noted overleaf to be made on my behalf by and I agree that the practice may disclose to the complainant confidential information sufficient only to answer the complaint. Patient's Signature: Date: Name:

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