

J u b i l e e M e d i c a l C e n t r e

Dr J E Foster
 Dr C R Lowes
 Dr D J Morris
 Dr P H Wildsmith
 Dr H Findlay

<p>Practice Use only</p> <p>Complaint consecutive number</p> <p>.....</p>
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52 Croxteth Hall Lane
 Croxteth
 LIVERPOOL
 L11 4UG

t: 0151 546 3956
 e: jubilee@livgp.nhs.uk

Please complete in block capitals:

Your Name			
Your address & Postcode			
The name and address of our patient (if you are making a complaint on behalf of someone else)			
The patients` date of birth		Your date of birth (if not the patient)	
Your telephone number & email address			
Date/time of the incident you are complaining about			
Details of the complaint – please give as much detail as you can including the name of any practice staff who may be involved if they are known			



<p>If you are complaining at the request of someone else, please ask them to read and sign this section</p>	<p>I (name)..... have authorised (name)..... to make this complaint on my behalf and agree that Jubilee Medical Centre may disclose (as far as it is necessary to answer the complaint) any confidential information held about me.</p> <p>Signed.....date.....</p>
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<p>Your Ethnicity (Please Ring as appropriate)</p>	<p>White: a) British b) Irish c) Other Mixed: a) White& Black Caribbean b) White & Black African c) White & Asian d) Other Asian: a) Indian b) Pakistani c) Bangladeshi d) Other Black/ Black British : a) Caribbean b) African c) Other Other Ethnicity: a) Chinese b) Other ethnic group : c) Declined to answer</p>
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Date received.....Date Acknowledged.....

