



**Queenstree Practice**

*Dr W Entwistle & Dr M Hazarika*

*The Health Centre*

*Queensway Billingham TS23 2LA*

**QUEENSTREE PRACTICE COMPLAINT FORM**

**COMPLAINT DETAILS**

NAME:

ADDRESS:

**PATIENT DETAILS (IF DIFFERENT FROM ABOVE):**

NAME:

DOB:

ADDRESS:

USUAL GENERAL PRACTITIONER:

**DETAILS OF COMPLAINT (INCLUDING DATE(S) OF EVENTS AND PERSONS INVOLVED:**

**Complainant's signature:** .....

**Date:** .....