

### Written complaints form

<b>Today's Date</b>	
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<b>First Name</b>		<b>Surname</b>	
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<b>Title</b>	Mr Mrs Ms Miss Dr Other <i>Please circle appropriate title</i>
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<b>Date of Birth</b>	
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<b>Home Address</b>	
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<b>Telephone no:</b>	
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**Please enter the details of your complaint in this section.**

*Please use the reverse of this form if you require more space.*

<b>Date complaint relates to</b>		<b>Signed</b>	
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<b>Continuation Section</b>			
From previous page			
<b>Date complaint relates to.</b>		<b>Patient Signature</b>	

Consent: I hereby authorise the Service Delivery Manager, Hastings Primary Care Hub, to proceed with my complaint /enquiry, and to obtain any and all information relevant to the full investigation of the matter. I further understand that this information will only be disclosed to those persons who have a need to know it in order to investigate the complaint.	
Signed:	Name:
Dated:	

Once you have completed the requested sections, please forward this form to our reception team at the primary care hub or alternatively post this complaints form to:

Attention: Service Delivery Manager  
 Hastings Primary Care Hub  
 Station Plaza  
 Station Approach  
 Hastings  
 East Sussex  
 TN34 1BA

The Service Delivery Manager will endeavour to deal with your complaint as quickly as possible and will inform you by letter the outcome of your complaint.

Should the Service Delivery Manager feel that your complaint is with IC24 and not directly with the hub, your complaint will be forwarded to IC24 Head Office.

