

Written complaints form

Today's Date	
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First Name		Surname	
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Title	Mr Mrs Ms Miss Dr Other <i>Please circle appropriate title</i>
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Date of Birth	
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Home Address	
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Telephone no:	
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Are you a Registered patient with Eastbourne Station Health Centre?	Yes	No
	<i>Please circle</i>	

Please enter the details of your complaint in this section.	
<i>Please use the reverse of this form if you require more space.</i>	

Date complaint relates to		Signed	
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Continuation Section			
From previous page			
Date complaint relates to.		Patient Signature	

Consent: I hereby authorise the Service Delivery Manager, Eastbourne Station Health Centre 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 the Reception team at the Health Centre or alternatively post this complaints form to:

Attention: Service Delivery Manager
 Eastbourne Station Health Centre
 Terminus Road
 Eastbourne
 East Sussex
 BN21 3QJ

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 Eastbourne Station Health Centre, your complaint will be forwarded to IC24 Head Office.