

**Complaint Details: for completion by complainant**

Name of complainant		Date of birth	
Patient name (if different)		Date of birth	
Relationship to complainant			
Date of incident		Time of incident	
Staff members involved (if known)			

Brief description of incident

**Expected outcome: for completion by complainant**

<b>Explanations regarding:</b> Please write in note form the key issues you would like an explanation for.	
<b>Apology for:</b> Please write in note form the issues you would like an apology for.	
<b>Other outcome:</b> Please write here any other outcome that you would like to see as a result of our investigation of your complaint.	
<b>Complainant's signature</b>	-----

**For completion by surgery staff**

Date complaint received		Received by (name)	
Deadline for response		Final response sent	Initials
Date passed to supervisor or manager		Supervisor/manager name	