

I am complaining

Partners: Dr M O'Brien & Dr P Lipton Doctors: Dr S Rose, Dr K Smith, Dr N Oozeer, Dr K Beswick

Complaint Form

Please tick one of the following two options

I am on behalf of

Please complete and return this form: FAO Complaints Manager

about my own Care	someone else s care
Your Name	
Your Name	
Your Address	
Your Telephone	
Your email	
Your Date of Birth	
Name, Date of Birth & Address of Patient (if not yourself)	
Location, Date & Time of Incident	
_	g at the request of someone else, or as their legal representative, ad and sign this section:
my behalf and agree	that Sefton Park Medical Centre may disclose (as far as it is
necessary to answer	the complaint) any confidential information held about me.
Name	
Signed	Date

Should you need any help or advice in putting your complaint together or on any health issue, you can contact **Healthwatch Liverpool**:

telephone: 0300 777 7007

address: 4th Floor, LCVS Building, 151 Dale Street, Liverpool, L2 2AH

email: <u>www.healthwatchliverpool.co.uk</u>

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	