



Picton Neighbourhood Medical and Children's Centre  
137 Earle Road, Liverpool, L7 6HD  
Tel: (0151) 295 3377 Fax: (0151) 295 3378  
deepa.busam@livgp.nhs.uk

### PATIENT COMPLAINT FORM

Please complete and return this form: FAO Complaints Manager

Patient's Full Name:

Date of Birth:

Address:

Telephone:

**If you are complaining on behalf of a patient or your complaint or enquiry involves the medical care of a patient then the consent of the patient will be required.**

**Please obtain the patient's signed consent below.**

I fully consent to my GP at Picton Green Family Practice releasing information to, and discussing my care and medical records with, the person named above.

This authority is for an indefinite period / for a limited period only (*delete as appropriate*)

Where a limited period applies, this authority is valid until \_\_\_\_\_ (*insert date*)

Signed \_\_\_\_\_ (*Patient*)

Date \_\_\_\_\_



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Print name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return completed forms to [deepa.busam@livgp.nhs.uk](mailto:deepa.busam@livgp.nhs.uk)

