

The University Medical Practice Complaints Form

1. Name
2. Address

3. Tel:
4. Mobile:
5. Email:

Postcode

6. The name of the person/persons or aspect of our service you are complaining about:

7. Details of your complaint

What is your complaint? Please describe your complaint as fully as possible; exactly what happened, the date, the time, and any other persons who were present (please continue on additional sheets if required and attach them securely to this form).

Please complete both sides of this form.

8. Checklist

Have you done the following?

- a) Given us the names of all persons concerned
- b) Described your complaint as fully as possible
- c) Given us your name and contact details
- d) Completed Section 9 - Ethnic Monitoring. This is optional but we would be grateful if you would complete it as it helps us to monitor the equity of our service
- e) Signed this form

9. Ethnic Monitoring (optional)

<input type="checkbox"/>	White
<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	Black African
<input type="checkbox"/>	Black British or other Black
<input type="checkbox"/>	Asian Sub Continent (Indian, Pakistani, Bangladeshi)
<input type="checkbox"/>	Chinese or other Asian
<input type="checkbox"/>	Other ethnic group
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Decline to answer

Please tick as applicable

Signed:

Print Name:

Date:

Thank you for taking the time to complete this form.

The University Medical Practice is committed to resolving with your complaint as quickly and fairly as possible.

If you require further information please refer to our Practice Complaints Procedure or contact the Practice Manager

Contact details:

The University Medical Practice
University Medical Centre
5 Pritchatts Road
Edgbaston
Birmingham
B15 2QU
Tel: 0121 687 3055