

CONSENT FORM – NHS COMPLAINTS PROCEDURE FOR HOSPITAL SERVICES ONLY
(PATIENT ABLE TO CONSENT)

PATIENT NAME:	
ADDRESS:	
DATE OF BIRTH:	

I hereby give my consent for a complaint about services provided to me on behalf of NHS Greater Glasgow & Clyde to be raised by my representative who is acting in capacity of one of the following:

Parental Guardian Appointed Next of Kin Other (please explain)

(please tick one of the above as appropriate)

I hereby authorise and consent for a complaint about services provided to me by NHS Greater Glasgow & Clyde, to be raised by my representative and investigated by NHS Greater Glasgow & Clyde:

REPRESENTATIVE NAME:	
ADDRESS:	
RELATIONSHIP OF REPRESENTATIVE TO PATIENT:	

I understand that confidential health information may also be disclosed to my representative in order to respond to the complaint.

Signed: Date:

Please return to:

Email: complaints@ggc.scot.nhs.uk Post: Complaints Department NHS Greater Glasgow & Clyde North East Sector Offices, Stobhill Hospital 300 Balgrayhill Road Glasgow G21 3UR
